



2018 HOTEL RESERVATION FORM

Please complete this form in printed letters and return it to the hotel of your choice respecting the deadline indicated on MEAD website.

Hotel Name:
Reservation Code:
Family Name: **Mrs./Mr./Dr.:**
First Name:
Organization:
Address:
Town:
Country:
Phone:
Fax:
Email:

The undersigned wishes to book a room:

Date of arrival: **Date of departure:**
 Single room with shower or bath
 Double room with shower or bath
Room category (standard or superior)

I guarantee my reservation with the following credit card:

Visa MasterCard Diners American Express

Credit card N°: **Expiration date:**

Date: **Signature:**

Hotel Confirmation: