



★ **HOTEL RESERVATION FORM** ★  
ESCAMPIG 17<sup>th</sup>  
1-5 September 2004, Constanta, Romania

**\*\* Please complete this form by inserting appropriate information in specified case \*\***

To Hotel: - ( name of Hotel)

Fax N°: (40) 241 / / / / ( to be completed)

From: - ( your name )

Your Address:

Street:

City:

ZIP code:

Country:

Phone:

E-mail:

Fax:

Number of  
Nights

I wish to make reservation for                      Nights, in    Single O    Double O    Twin O    Room

Escampig rate by night:                      Euros  
Breakfast(s) included

Total amount:                      Euros

For Twin rooms:

First Name

Family Name

I managed to share the room with:

Method of payment:

Please contact by e-mail or by fax the preferred hotel to find there method of payment.  
(See the address of hotels in the web site)

Date:                      Signature:

★ **Please complete this form and send it as soon as possible, but not later than 15 July, directly by Fax to the hotel you choose.**

★ **It is recommended to send also a copy of this form, by Fax, E-mail or mail to the Secretariat of ESCAMPIG**

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