

EURETINA & ESCRS 2010 APPLICATION FOR GROUPS (from 10 rooms up)

Company/Agency: _____
Contact Person: _____
Street: _____
Zip Code/City: _____
Phone: _____
Fax: _____
E-Mail: _____

This application is submitted for the following Company: _____

Number of Rooms per Hotel Category:

Cat.	No. of Rooms	Arrival Date	Departure Date
4* Hotel	_____	_____/09/2010	_____/09/2010
3* Hotel	_____	_____/09/2010	_____/09/2010

Preferred Room Types: _____

Hotel Preferences:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Special Requirements:

(hotel style, meeting room requirements in hotel, off site dinners, transfers etc..)

Name: _____

Company/Agency: _____

Date: _____ Signature: _____