|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please email or fax to Travel Agency at:  Mail EUC2019@treemmeviaggi.com or +39-065692300 | | | | | | | | |
| FINAL HOTEL RESERVATION FORM | | | | Please return by | | to Organizing Committee | | |
| name of federation | | | | 14 JUL 2019 | | E-Mail:echbolognatolmezzo2019mail.com  Phone: +39-0687975536 | | |
|  | | | | | | | | |
| hotel  choice | no | | Please indicate the hotel in order of preference | | | | | |
| 1 | |  | | | | | |
| 2 | |  | | | | | |
| 3 | |  | | | | | |
|  | | | | | | | | |
| room choice | | room type | | number of rooms | number of nights | | day of arrival | day of departure |
| single | |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| double/twin | |  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| triple | |  |  | |  |  |
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| Note: | | | | | | | | |

|  |  |  |  |
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|  |  |  |  |
| Date |  | Signature of Team Leader |  |