



HOTEL RESERVATION FORM

First Name:

Last name:

Address:

Telephone:

E-mail:

Hotel name:

Arrival date:

Departure date:

Room type:

Number people:

Credit card information

Credit Card Type:

Credit Card Number:

Expiration Date:

CVC:

Cardholder Name:

Invoice Address:

.....

.....

Date: **Signature:**

Credit card details must be provided as a reservation guarantee only: **no money will be charged without authorization**. Cancellation policy is different for every location and will be provided at the moment of the selection.

Please fill in this form, sign and return it to:
organizingsecretariat@orchardsystems2016.org
Eikon s.r.l., Via Perlasca 10, 40137
Bologna, Italy