

FACULTY HOTEL AND TRAVEL BOOKING FORM

TO BE SENT BY FAX OR E-MAIL TO: GRUPPO SC – STUDIO CONGRESSI *SERVIZI PER LA COMUNICAZIONE*

FAX 06/36306897 EMAIL: info@endoliveroma.it

Last Name _____ First Name _____

Passport number _____ exp.date _____

Contact tel. number _____ email: _____

HOTEL BOOKING

Reservations have been made at the **COURTYARD MARRIOTT ROME CENTRAL PARK**** (Via G. Moscati, 7)**.
The Congress Organization will cover Hotel expenses for **MAXIMUM 3 NIGHTS: Wednesday 06th, Thursday 07th and Friday, May 08th 2015.**

Kindly indicate your preferences:

☐ No hotel reservation necessary

Arrival date _____ Departure date _____

TRAVEL

Kindly specify your travel date preferences. Tickets are booked in Economy Class.
Before issuing the ticket a flight proposal schedule will be sent to you, we kindly ask you to send confirmation 24 hours upon receipt.

Departure from _____ date _____ time _____

Return to _____ date _____ time _____

May we remind you that all information regarding the Congress is available on-line at www.endoliveroma.it

Date _____

Signature _____