



HOTEL RESERVATION FORM

CONTACT INFORMATION

First name _____

Surname _____

Organization _____

Address _____

City and Post Code _____

ID/VAT number _____

E-mail _____

Phone number _____

HOTEL SELECTION

Name of the hotel _____

City _____

Check in date _____

Check out date _____

Additional night

No

Yes

Which one/s? _____

Kind of room

Double room for one person

Double room



ECA BV FOUNDATION

info@fundacionecabv.org

Fax +34 93 253 53 01

Tel. +34 902 404 072



CONTACT INFORMATION: ACCOMPANYING PERSON

First name _____

Surname _____

Organization _____

ID/VAT number _____

* All the hotel reservations have to be done via ECA Bureau Veritas Foundation

** The accommodation fee in a double room during the Congress (3 nights) is included in the registration fee of the Congress, 150,00€

*** The accompanying person will be accommodated in the same room of the congress participant. The accommodation fee in this case for 3 nights will be 100,00€.

**** Those rates are valid for the days of the Congress (check in date on 1st October and check out date on 4th October). In case the congress participant and/or the accompanying person want to stay one more night, this one will be considerate as "additional" and will cost 80,00€.



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