**COMPANY**

**DELEGATE** (name badge will be printed accordingly)

Family name First name

Job title, degree/designation

Date of Birth

Phone Mobile

E-mail Fax

**If you travel with your spouse:**

Spouse’sfamily and first name

**«Sheraton Lake Como Hotel»** (Via per Cernobbio 41/a, 2210, Como, Italy, ph. +39 031 516602, <https://www.marriott.com/hotels/travel/milsc-sheraton-lake-como-hotel/>.

Reservation via IA Intercable (guarantee required)  Reservation on your own

Arrival Date Departure Date

**ROOM TYPE**

Single occupancy Double occupancy

Superior Room (€189)  Superior Room (€209)

**PAYMENT METHOD**

By credit card (Authorization Form)  By bank transfer (Hotel invoice)

Name of the hotel in case you book on your own

Your flight No from date

Your return flight No to date

**REGISTRATION FEE €300 (for every second and further participant)** will be paid:

By wire transfer  By cash upon arrival

**Participation in technical tour** (30.05.19)

yes  no

Date Signature