**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