

HOTEL REGISTRATION FORM

Please fax or email this form to the **JOLLY HOTEL TRIESTE ******



Port or Company: _____
Full name: _____
Address: _____ **City and Postal Code:** _____
Country: _____
Phone: _____ **Fax:** _____ **Email:** _____

LODGING OPTIONS

DOUBLE ROOM INDIVIDUAL USE **DOUBLE ROOM SHARED**

Name of the delegate: _____

Name of the accompanying person: _____

Check in: _____ **Check out:** _____ **Number of nights:** _____

PAYMENT OPTIONS MedCruise package rate

DOUBLE ROOM (INDIVIDUAL): € 131,00 per night **DOUBLE ROOM SHARED: 141,00 per night**

CREDIT CARD HOLD n. _____ **Exp. Date** _____
(Visa, Mastercard, American Express, Diners)

BANK TRANSFER TO HOTEL JOLLY: BNL Via Palladio, 45 - 36100 Vicenza
CHK 68 V ABI 01005 CAB 11800
CC 000 000 003 025
BIC BNLIITRR
SWIFT IT68 V010051180000000003025

IMPORTANT: include as concept of transfer "MEDCRUISE AND THE FULL NAME OF THE DELEGATE"

Hotel Reservation Cancellation Policy

Through 14 May 2008: Refund 100%

After 15 May 2008, there will be no refund on a cancelled reservation.

PLEASE FAX OR EMAIL THIS FORM TO THE JOLLY HOTEL TRIESTE

Corso Cavour 7 34132 Trieste - Italy

Phone: +39(040)7600055 Fax: +39(040)362699

Email: ts_reservation@jollyhotels.com

Website: www.jollyhotels.com

or