



EDCC - 6

Sixth European Dependable Computing Conference
Coimbra, Portugal - October 18-20, 2006

HOTEL ACCOMMODATION BOOKING FORM

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RESERVATION DETAILS

Please complete one form per room

First Name: _____ Last name: _____

Organization: _____

Address: _____

Country: _____

Tel. No.: _____ Fax. No.: _____ E-mail: _____

Hotel Name: _____

Room type: _____ Number of adults in the room: _____ Number of beds: _____

Arrival Date (YYY/MM/DD): _____ / _____ / _____ Departure Date (YYY/MM/DD): _____ / _____ / _____

No. of Nights: _____

PAYMENT INFORMATION

Total Room Rate (€): _____

Type of Credit Card: _____ Credit Card Number: _____

CVV number (last 3 numbers on the back of the card on the signature panel): _____ Exp. Date: _____

Card Holders Name: _____

Signature