

**Reservation Booking Form for the**

**4<sup>th</sup> International Conference on Polyphenols applications**

Radisson SAS Bay Point Resort, Malta

Tel: 00356 21 374894 / Fax: 00356 21 374895 / E-mail: emintoff@radisson.com.mt

Date: \_\_\_\_\_

Name of Client(s): \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Tel.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Room Type: \_\_\_\_\_ Single room @ Lm 38.00 per room per night.  
\_\_\_\_\_ Double room @ Lm 48.00 per room per night.

Arrival Date: \_\_\_\_\_ Dep. Date: \_\_\_\_\_

Flight details. – Arr: \_\_\_\_\_ Dep: \_\_\_\_\_

Passport details: \_\_\_\_\_

**Credit card details:**

Name of Card: \_\_\_\_\_

Number: \_\_\_\_\_

Expiry: \_\_\_\_\_

*Please note that reservation will not be confirmed without credit card details, which are required only for guarantee purposes.*

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**Hotel Use Only**

Action taken by: \_\_\_\_\_ Signature: \_\_\_\_\_

Reserv. No.: \_\_\_\_\_

Confirmed: \_\_\_\_\_ Confirmation Date: \_\_\_\_\_