



INTERNATIONAL Travel & Congresses

TEL: 972-3-7610780 / 972-3-7610604,

FAX: 972-3-7610860,

MAIL: veronical@internationaltc.co.il /
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HOTEL RESERVATION FORM

HOTEL DETAILS

NAME OF REQUESTED HOTEL _____

REQUESTED DATES - FROM _____ UNTIL _____

ROOM TYPE: DOUBLE SINGLE

NO. OF ROOMS _____ BOARD ARRANGEMENT: BB

NO. OF ADULTS _____

PERSONAL DETAILS

SURNAME _____

FIRST NAME _____

ID/PASSPORT _____

DATE OF BIRTH MONTH DAY YEAR

ADDRESS _____

CITY _____ COUNTRY _____

ZIP CODE _____ NATIONALITY _____

TEL _____ MOBILE _____

E-MAIL _____ FAX _____

PAYMENT – PAYABLE TO INTERNATIONAL TRAVEL & CONGRESSES

VISA AMERICAN EXPRESS DINERS MASTERCARD

CARD # - - -

EXP. DATE / (MM/YY)

NAME OF CARD HOLDER _____

ID/PASSPORT # OF CARD HOLDER _____

TOTAL AMOUNT TO BE PAID: _____

- **FOR SENDING THIS FORM BY FAX, KINDLY FILL OUT THE FORM IN CAPITAL LETTERS AND SEND TO: 972-3-7610860**
- **FOR SENDING THIS FORM BY MAIL, KINDLY FILL OUT THE FORM IN CAPITAL LETTERS, SCAN IT AND SEND TO EITHER ONE OF THE FOLLOWING ADDRESS: veronical@internationaltc.co.il , ninal@internationaltc.co.il**

DATE _____

SIGNATURE _____