



ÉCOLE POLYTECHNIQUE
FÉDÉRALE DE LAUSANNE

2010 HOTEL RESERVATION FORM

Please complete this form in printed letters and return it to the hotel of your choice, respecting the deadline indicated in the brochure and on the web site.

Reservation code: EPFL-MEAD

Hotel Name:

Family Name: Mrs./Mr./Dr.:

First Name:

Organization:

Address:

Town:

Country:

Phone:

Fax:

Email:

The undersignee wishes to book a room:

Date of arrival: Date of departure:

Single room with shower or bath

Double room with shower or bath

Room category:

Smoker Non Smoker (according to availability)

I guarantee my reservation with the following credit card:

Visa Master card Diners American Express

Credit card N°: Expiration date:

Date:

Signature:

Hotel Confirmation: