



**ESCRS 2013,
October 5-9 2013, Amsterdam
APPLICATION FOR GROUPS (from 10 rooms up)**

Company/Agency: _____
Contact Person: _____
Street: _____
Zip Code/City: _____
Phone: _____
Fax: _____
E-Mail: _____

This application is submitted for the following Company: _____

Number of Rooms per Hotel Category:

| Cat. | No. of Rooms | Arrival Date | Departure Date |
|-------------|---------------------|---------------------|-----------------------|
| 5* Hotel | _____ | _____/10/2013 | _____/10/2013 |
| 4* Hotel | _____ | _____/10/2013 | _____/10/2013 |
| 3* Hotel | _____ | _____/10/2013 | _____/10/2013 |

Preferred Room Types: _____

Hotel Preferences:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Special Requirements:

(hotel style, meeting room requirements in hotel, off site dinners, transfers etc..)

Name: _____

Company/Agency: _____

Date: _____ Signature: _____

Please send the form to escrs2013@nl.kuoni.com or fax to: +31 20 422 6969