

MCS-4
FOURTH MEDITERRANEAN COMBUSTION SYMPOSIUM
6-10 October 2005
Instituto Superior Técnico
Lisbon, Portugal

HOTEL RESERVATION FORM

Please type or print in block letters. Only one participant per form:

FIRST NAME: _____

NAME: _____

ORGANISATION: _____

ADDRESS: _____

POST CODE/CITY: _____ COUNTRY: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

Selected Hotel: _____ Approx. Arrival Time: _____

Arrival Date: _____ Departure Date: _____

Please tick:



Single



Double (1 large bed)



Twin (2 twin beds)

THIS FORM SHOULD BE RETURNED TO THE SELECTED HOTEL