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| **RESERVATION FORM**  EMAC 2023 Regional | | | |  |
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| **GUEST NAME/S**: | | | | |
| **ARRIVAL DATE:** | | **DEPARTURE DATE:** | **No. of PERSONS:** | |
| **Accommodation Type** | | **ROOM RATE** | **Preferred Room** | |
|  | | | | |
| **RESERVATION MADE BY:** Company:  Tel.:  Name: Tel.: | | | | |
|  |  | | | |
| **CREDIT CARD:** Holders Name:  Number: Exp. Date: | | | | |
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| **REMARKS:** | | | | |