

## HOTEL RESERVATION FORM IEEE CSCWD



ÉCOLE POLYTECHNIQUE  
FÉDÉRALE DE LAUSANNE

**Please complete this form in printed letters and return it to:**

Hotel Nash Carlton  
Fax: +41 21 613 07 10  
[hotel.carlton@nashotels.com](mailto:hotel.carlton@nashotels.com)

Family Name: ..... Mrs./Mr./Dr.: .....  
First Name: .....  
Organization: .....  
Address: .....  
Town: .....  
Country: .....  
Phone: .....  
Fax: .....  
Email: .....

Booking request:

Date of arrival: ..... Date of departure: .....

- Single room at CHF 180.- per night
- Double room at CHF 200.- per night
- Twin room at CHF 200.- per night

I guarantee my reservation with the following credit card:

- Visa
- Master card
- American Express

Credit card N°: ..... Expiration date: ..... CVC: .....

Date: ..... Signature: .....