



APPLICATION for GROUPS (from 10 rooms up)

Company/Agency: _____

Contact person: _____

Street: _____

Zip Code/City: _____

Phone: _____

Fax: _____

E-Mail: _____

Number of Rooms per Hotel Category (20 – 23 June 2018)

| Cat. | No. of Rooms | Arrival Date | Departure Date |
|----------|--------------|--------------------|--------------------|
| 4* Hotel | _____ | ____ / ____ / 2018 | ____ / ____ / 2018 |

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 20wcgic@ch.kuoni.com



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E-mail: 20wcgic@ch.kuoni.com

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