



**REGISTRATION FORM
IAMPS 2018 MILITARY PSYCHOLOGY**

This form will be completed with the information below and sent by mail to sales@capsa.ro with subject Reservations IAMPS 2018

Reservation of Deluxe Dbl Room 95 Euro / night

First name :

Last name:

Country:

City:

Guest address:

Guest Email address:

Guest Phone number / Mobile:

Guest Arrival date:

Guest Departure date:

No Rooms:

No. persons:

Herewith, I authorized CASA CAPSA HOTEL to withdraw from my Credit/ Debit Card:

Credit Card Type : _____ (Visa, MasterCard)

Card Holder's Name : _____

Credit Card Number : _____

Expiry date (mm/yy) : _____

CVC Code * : _____

Signature:
(As appears on the card)

Signed on (dd/mm/yyyy) : _____

www.capsa.ro

Bucharest, no 36 Calea Victoriei road., District 1