



SECURITY & POLICING

Home Office Security Exhibition

HOTEL BOOKING FORM

Pease return this form to Elizabeth Kelly OR by fax on
0207 633 9427 Email ek@eventsinfocus.net

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	Surname (block capitals)	First Name(s)	Title (Mr/Mrs)	Nationality as on Passport
1	LUPPI	MASSIMILIANO	MR.	ITALY
2	SCARAFIUE	ALESSANDRO	MR.	ITALY
3				

REQUIREMENTS

HOTEL ACCOMMODATION					
Hotel Name	LISMOYNE HOTEL	Room Type	DOUBLE (SINGLE USE)	No. of Rooms	2
Arrival Date	MARCH 11 th , 2013	Departure Date	MARCH 14 th , 2013	No. of Nights	3

We hereby agree to the below Booking Conditions:-

- Credit Card details must be provided to guarantee your reservations. All costs to be paid direct to the hotel.

*Please Debit	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Switch <input type="checkbox"/> AMEX
Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Cardholders Signature _____ Date _____

I confirm that I will be responsible for settling all my hotel accounts on departure

Signature [Signature] Date JANUARY 29th 2013