



GEST Europe 2015 Gala Dinner Booking Form | 26 June

Please fill in this form and return via FAX or EMAIL to:

Kuoni Destination Management S.L.

Avenida Diagonal, 416, 3º 1ª 08037 Barcelona | Spain **Tel:** +43 1 319 76 90 44

Fax: +43 1 319 11 99

Fax: +43 1	319 11 99		Ema	Email: gest2015@ch.kuoni.com			
I herewith make a booking for			tickets f	or the Gala I	Dinner on Fric	lay,	
26 th June 20)15 at Casa	Pilatos for E	UR 45,- per tid	cket.			
Personal Detai	ils: (Please ty	/pe or write in E	BLOCK letters)				
Title:	☐ Prof.	☐ Dr.	□ Mr.	☐ Mrs.	☐ Ms.		
Last Name:							
First Name:							
Company / Insti Hospital:	itute /						
Address:							
ZIP Code:		City:		Country:			
Tel:		F	ax:				
Email:							
	aid amounts a		t and before start c e. You can pick-up				
Payment by Cr	redit Card:		☐ Master Card	□ Visa	☐ AMEX		
I herewith author	orize Kuoni to	charge the followi	ing credit card for a	all services booked	d on this form:		
Credit Card Nun	nber: _						
Expiry Date: (M	Month/Year) Card Validation Code ^{1.)} :						
Name of Card H	older: _						
1.) Card Validation	Code is 3 last d	igits of the series nu	umber printed on the	back of the credit c	ard.		

Signature: ___