



## TRANSFER BOOKING FORM

14<sup>th</sup> Annual Meeting of European Society of Paediatric Endoscopic Surgeons (ESPES)

Thank you for filling it in BLOCK LETTERS and sending it to [contact@vtctravel.fr](mailto:contact@vtctravel.fr)

Family Name/First Name: \_\_\_\_\_

Address for Invoice: \_\_\_\_\_

VAT NUMBER or TAX ID CODE: \_\_\_\_\_

Contact Phone Number: + \_\_\_\_\_ / \_\_\_\_\_ E-mail : \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING TRANSFERS for n. \_\_\_\_\_ persons:

ARRIVAL TRANSFER: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

FROM AIRPORT: \_\_\_\_\_  FROM TRAIN STATION: \_\_\_\_\_

TO HOTEL: \_\_\_\_\_

Flight Number/Train number \_\_\_\_\_

Flight/Train arriving from: \_\_\_\_\_ (city)

DEPARTURE TRANSFER: DATE: \_\_\_\_\_

FROM HOTEL: \_\_\_\_\_

TO AIRPORT: \_\_\_\_\_  TO TRAIN STATION: \_\_\_\_\_

Departure time of your flight/train: \_\_\_\_\_ PICK UP TIME from YOUR HOTEL: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

