



The International Congress for global Science and Technology

Hilton Sharm Dreams Resort Reservation Form



Hilton Sharm Dreams Resort Fax: 0020693602828

Name:

Address:

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Affiliation:

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Tel.: **Fax.:**

E-mail:

Passport Data: Dates, Nationaliy, pass number, etc.

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Credit Card: **Number:**

Expire Date: **Card Back Number:**

Singl/double/triple room:

Duration: From .../.../..... To .../.../.....

Signature:

.....

Name:

Place: **Date:**

Please, send the form directly to Hilton Sharm Dreams Resort