



APPENDIX 2

PRELIMINARY HOTEL RESERVATION FORM TO BE SENT BY February 28th, 2026

Please send this form by e-mail to: info@beniconnect.com

Federation:								
Address:								
Contact person:								
VAT or Passport Number:								
Phone number:								
E-mail:								
Tick (X) HOTEL STARS	Room type (single)	Arrival date	Departure date	Number of Rooms	Number of Persons	Number of Nights	Price per night	Total amount
4+ *								
4 *								
3+ *								
3 *								
Tick (X) HOTEL STARS	Room type (double)	Arrival date	Departure date	Number of Rooms	Number of Persons	Number of Nights	Price per night	Total amount
4+ *								
4 *								
3+ *								
3 *								
Tick (X) HOTEL STARS	Room type (triple)	Arrival date	Departure date	Number of Rooms	Number of Persons	Number of Nights	Price per night	Total amount
4+ *								
4 *								
3+ *								
3 *								

This preliminary reservation only becomes valid if the Organizing Committee sends you a confirmation of your booking!

Please return this form by 28th of February 2026
E-mail: info@beniconnect.com

Date:		Signature/Stamp:	
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