**Room Reservation Form for RTC Istanbul**

|  |  |
| --- | --- |
| LAST NAME |  |
| FIRST NAME |  |
| COUNTRY |  |
| INSTITUTION |  |
| ADDRESS |  |
| TEL |  |
| FAX |  |
| E-MAIL |  |
| NUMBER AND TYPE OF THE ROOM | **SINGLE** | **DOUBLE** | **TRIPLE** |
|  |  |  |
| ACCOMMODATION | **BED&BREAKFAST** | **HALF BOARD** | **FULL BOARD** |
|  |  |  |
| ARRIVAL DATE/TIME |  |
| DEPARTURE DATE/TIME |  |
| OTHER REMARKS |  |
|  |  |

**E-Mail**

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**Tel:**

**+90 216 457 34 00**

**Fax:**

**+90 216 457 34 03**

**Address**

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