

HOTEL RESERVATION FORM

Patient Name and Surname We would like to book a hotel from the list provided by INTERSONO Medical Center: DELICE HOTEL VINTAGE BOUTIQE HOTEL NOTA BENE HOTEL LH, HOTEL & SPA HOTEL ATLAS DELUXE NOBILIS HOTEL TYPE OF ROOM NUMBER OF GESTS CHECK-IN DATE CHECK-OUT DATE

Please send us the required Form to the following:

e-mail address: 💌 international@intersono.ua

or call us: 📞 +38 97 003 36 22

WWW.INTERSONO.UA

