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| --- | --- |
| **Country** |  |
| **Contact name** |  |
| **Phone** |  |
| **E-mail** |  |

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| **Lunches and Dinner (Pls mention number of persons)** |
| **Wednesday, April 15th** | **Lunch** |  | **Dinner** |  |
| **Thursday, April 16th** | **Lunch** |  | **Dinner** |  |
| **Friday, April 17th** | **Lunch** |  | **Dinner** |  |
| **Saturday, April 18th**  | **Lunch** |  | **Dinner** |  |
| **Sunday, April 19th**  | **Lunch** |  | **FarewellDinner** |  |

**Please return the LUNCH & DINER RESERVATION FORM before1st of March to:****adc-amsterdam@hotmail.com**