

ALICE Physics Week 2012-LNF
16-20 Aprile 2012 Laboratori Nazionali di Frascati , INFN

ACCOMMODATION FORM

To
HOTEL Villa Mercede
FAX +39 06 941 6461

Surname & Name _____
Institution _____
Address _____
City _____ Country _____ Zip/Postal Code _____
E-mail _____
Phone _____ Fax _____

Please complete the following form to reserve your room:

| | |
|-------------------------|---|
| Type of room _____ | Sharring room with: |
| Date of arrival _____ | Name 1 _____ |
| Arrival time _____ | Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/> |
| Date of departure _____ | Name 2 _____ |
| Number of nights _____ | Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/> |

As guarantee, it is necessary to provide credit card information

Surname&Name _____
Credit Card Type _____
Expiration date _____
Credit Card Number _____

SIGNATURE

.....

Room rates, per day (VAT included):

| | | | |
|------------------------------|---------------|------|--------|
| Single room | Bed&Breakfast | Euro | 74,00 |
| Double room-Single Occupancy | Bed&Breakfast | Euro | 82,00 |
| Double room | Bed&Breakfast | Euro | 104,00 |

The hotel will confirm your reservation VIA FAX or E-MAIL.

Hotel Villa Mercede ***

Via Tuscolana, 20 - Frascati
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Fax +39-06-941 6461
e-mail mail@villamercede.com