

Workshop on
e+e- in the 1-2 GeV range: Physics and Accelerator Prospects
ICFA Mini-workshop – Working Group on High Luminosity e+e- Colliders
10-13 September 2003 - Alghero (SS), Italy

HOTEL PORTO CONTE - RESERVATION FORM

SURNAME & NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/REGION: _____

COUNTRY: _____ ZIP CODE/POSTAL CODE: _____

EMAIL: _____

PHONE: _____ FAX: _____

The cost of the rooms, **per day**, VAT included, is as follows:

Single Room - Half Board (Breakfast, Lunch):	93.00 Euros
Single Room - Full Board (Breakfast, Lunch, Dinner):	100.00 Euros
Double Room - Half Board (Breakfast, Lunch):	134.00 Euros
Double Room - Full Board (Breakfast, Lunch, Dinner):	148.00 Euros
Children up to 12: 50% off - up to 3: free.	Beverages included

Please note that the Hotel will charge people with **FB** accommodation at the **HB** rate for the day of September 12th as the social dinner is scheduled.

Please complete the following form to reserve your room.

TYPE OF ROOM: _____	NUMBER OF ROOMS: _____
NUMBER OF GUESTS: _____	<input type="checkbox"/> Supplement sea-view front (6.00 € – per day/person)
Adults	<input type="checkbox"/> Supplement sea-view side (3.00 € – per day/person)
3-12 years old	<input type="checkbox"/> Supplement junior suite (25.00 € – per day/person)
0-3 years old	
DATE OF ARRIVAL: _____	DATE OF DEPARTURE: _____
ARRIVAL TIME: _____	

IMPORTANT: After reservation-form sending, you will be contacted by our Reservation Center to confirm your request. To consider your reservation definitively confirmed it is necessary to send credit card (**VISA, Mastercard**) information or to send by bank transfer the 30% of the total amount of your stay.

Our Bank address is:

Bank Name: Banca Intesa BCI filiale di Alghero

Heading: S.A.T.A. Srl

For bank transfer from Italy

ABI 03069 - CAB 84890

C/C 094093381090

For bank transfer from outside Italy

BBAN Code: IT19B0306984890094093381090

Please, choose the guarantee:

Bank Transfer (30% of total amount)

Credit Card

CREDIT CARD TYPE: _____

EXPIRATION DATE: _____

CREDIT CARD NUMBER: _____