

1st International Conference on Frontiers in Diagnostic Technologies
25 - 27 Novembre 2009 Laboratori Nazionali di Frascati , INFN

ACCOMMODATION FORM
to be sent by October 5, 2009

To
HOTEL FLORA
FAX +39 06 9416546

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"/>

My credit card data:

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

SIGNATURE

.....

Room rates, per day (VAT included):

Single room	Bed&Breakfast	Euro	90
Double room-Single Occupancy	Bed&Breakfast	Euro	115
Double room	Bed&Breakfast	Euro	150

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

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