



XII International Conference on Hadron Spectroscopy
8 – 13 October 2007 – Laboratori Nazionali di Frascati, INFN

Hotel Colonna (FAX N. +39 06 94018730)

ACCOMMODATION FORM

to be sent by 30 June 2007

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

Room Rates, **per day** (VAT included):

Double-Room-Single Occupancy	Bed&Breakfast:	Euro	80,00
Double-Room	Bed&Breakfast:	Euro	105,00
Three-bed Room	Bed&Breakfast:	Euro	125,00

Please complete the following form to reserve your room:

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

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

As guarantee, it is necessary to provide credit card information:

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

CANCELLATION POLICY: the reservation must be cancelled at least 48 hours before the date of arrival, otherwise the cost of one night will be charged as penalty.

SIGNATURE

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