



XII International Conference on Hadron Spectroscopy

8 – 13 October 2007 – Laboratori Nazionali di Frascati, INFN

Hotel Flora (FAX N. +39 06 9416546)

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):

| | | | |
|------------------------------|----------------------|------|--------|
| Single-Room | Bed&Breakfast: | Euro | 90,00 |
| Double-Room-Single Occupancy | Bed&Breakfast: | Euro | 110,00 |
| Double-Room | Bed&Breakfast: | Euro | 140,00 |
| Three-bed Room | Bed&Breakfast: | Euro | 160,00 |

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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