



# Heavy Quarks and Leptons

11-15 October 2010 – INFN - Laboratori Nazionali di Frascati

## Hotel Colonna (FAX N. +39 06 94018730)

### ACCOMMODATION FORM

to be sent by 30 June 2010

Family Name & 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	120,00

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:**

Family Name & 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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Hotel Colonna  
 Piazza del Gesu', 12 - Frascati  
 Tel. +39-06-94018088, Fax +39-06-94018730  
 e-mail hotelcolonna@hotelcolonna.it