

Heavy Quarks and Leptons
11-15 October 2010 – INFN - Laboratori Nazionali di Frascati

Hotel Flora (FAX N. +39 06 9416546)

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): Single-Room | Red&Breakfast | | Euro 95,00 |
| Double-Room-Single Occupancy | | | Euro 93,00 |
| Double-Room | | | Euro 150,00 |
| Three-bed Room | Bed&Breakfast: . | | Euro 170,00 |
| Please complete the following form to res | serve your room: | | |
| Type of room | | Sharing room | with: |
| Date of arrival | | Name 1 | |
| Arrival time | | ☐ Attendant | ☐ Accompanying Person |
| Date of departure | | Name 2 | |
| Number of nights | | ☐ Attendant | ☐ 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 | | | |
| | tion must be cancell | ed at least 48 ho | urs before the date of arrival, otherwise |
| | | | SIGNATURE |
| | | | |
| | | | |
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