

LC10

New Physics: Complementarities between direct and indirect searches
1-3 December 2010 – INFN - Laboratori Nazionali di Frascati

Hotel Villa Mercede (FAX N. +39 06 9416461)

ACCOMMODATION FORM

to be sent by 31 October 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	Bed&Breakfast:	Euro	65,00
Double-Room-Single Occupancy	Bed&Breakfast:	Euro	75,00
Double-Room	Bed&Breakfast:	Euro	90,00
Three-bed-Room	Bed&Breakfast:	Euro	100,00

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 _____

SIGNATURE

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