

Accommodation/Social Programme Form

icalepcs | 99

Title _____ First Name _____ Family Name _____

Affiliation/Institute _____

Mailing address _____

Zip Code _____ Town _____ Country _____

Phone _____ Fax _____

e-mail address _____

Accompanying person(s) (not participating in the Scientific Programme) _____

In compliance with Italian Law L 675 of 31/12/1996 I authorize the Organizers to use my Personal Information for the purposes of this Meeting.

date

signature

Hotel Accommodation (by 3rd September 1999)

	single	double	double single use
Deluxe	Due to advanced	<input type="checkbox"/> ITL 300,000	<input type="checkbox"/> ITL 255,000
1st Cat.	bookings of single	<input type="checkbox"/> ITL 290,000	<input type="checkbox"/> ITL 245,000
2nd Cat.	rooms only double	<input type="checkbox"/> ITL 180/195,000	<input type="checkbox"/> ITL 150/160,000
3rd Cat.	rooms, also for	<input type="checkbox"/> ITL 135,000	<input type="checkbox"/> ITL 115,000
	single use, remain.	<input type="checkbox"/> ITL 135,000	<input type="checkbox"/> ITL 115,000
	I wish to reserve a	<input type="checkbox"/> double room	<input type="checkbox"/> double single-use room
from _____	to _____	total number of nights _____	
Arrival by	<input type="checkbox"/> train	<input type="checkbox"/> plane	<input type="checkbox"/> car

Special dietary requirements _____

The prices include breakfast, service and VAT and are valid for one room per night.

Rooms will be allotted on a first come first served basis. Requests for accommodation can only be made on this official form, one per room. Please send your reservation form together with the payment **for one night stay** (corresponding to the category and room type requested).

Telephone requests cannot be accepted. Please note that after certain price categories have been booked out, "the office" reserves the right to confirm bookings in other price categories. Upon receipt of the payment, a voucher will be sent to the participant.

After 1st September 1999, the cancellation fee will be the first night. Changes of reservations, e.g. dates, names, room type and category, will only be accepted in written form and they should be made directly on the voucher and returned to "the office". If the changes are possible, a new voucher will be sent to the participant. "the office" cannot guarantee satisfying requests for modifications submitted **after 10 September 1999**.

I herewith accept the conditions of reservation outlined above.

date

signature

Accompanying persons social programme

Tour of Trieste	ITL 50,000	per No. _____	person(s) = _____
Aquileia and Grado	ITL 100,000	per No. _____	person(s) = _____
Art lessons	ITL 65,000	per No. _____	person(s) = _____
Excursion of the surrounding countryside	ITL 50,000	per No. _____	person(s) = _____
Italian Cuisine lessons and wine tasting (dinner included)	ITL 125,000	per No. _____	person(s) = _____
			Subtotal: _____

Payments

Hotel Accommodation	_____
Accompanying persons social programme (Subtotal)	_____
Grand Total	_____

All payments must be made in Italian Lire (ITL); the amounts should be net of all bank charges.

I enclose a cheque/Eurocheque made out to "the office - Trieste" for a total of

ITL _____

I have transferred the amount of ITL _____ to Account n°17860/W, made out to "the office srl", Banca Antoniana Popolare Veneta, piazza Borsa 11/a - 34121 Trieste (copy of receipt attached)

Bank codes: transfers from Italy ABI 05040 CAB 02230
 transfers from abroad SWIFT CODE ANTBIT2PA

I wish to pay by VISA Mastercard Eurocard

Name of card holder _____

Date of birth of card holder _____ (required by Italian law)

card No. _____ expiry date _____

I herewith authorize "the office" to debit this credit card account for the above indicated payment(s).

date

signature of card holder

Please send this Accommodation/Social Programme Form by mail or fax to:

" the office"
 via S. Nicolò 14, 34121 Trieste (Italy)
 phone +39 040 368343
 fax +39 040 368808