



**Hotel Antica Colonia**  
(fax. n. +39 06 9420 932)

**ACCOMMODATION FORM**  
to be sent by 18 February 2009

Surname & Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Region \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Room Rates, per day (VAT included):**

DUS (single occupancy) Bed&Breakfast	Euro 85,00
Double-Room Bed&Breakfast	Euro 110,00

**Please complete the following form to reserve 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:**

Surname & Name \_\_\_\_\_  
Credit Card Type \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Credit Card Number \_\_\_\_\_

SIGNATURE

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