

ALICE off-line meeting
19 - 21 Maggio 2009 Laboratori Nazionali di Frascati , INFN

ACCOMMODATION FORM
to be sent by May 4th, 2009

To
HOTEL ANTICA COLONIA
FAX +39 06 9420932

Surname & Name _____
Institution _____
Address _____
City _____ Country _____ Zip/Postal Code _____
E-mail _____
Phone _____ Fax _____

Please complete the following form to reserve your room:

Type of room _____	Sharring room with:
Date of arrival _____	Name 1 _____
Arrival time _____	Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/>
Date of departure _____	Name 2 _____
Number of nights _____	Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/>

My credit card data:

Surname&Name _____
Credit Card Type _____
Expiration date _____
Credit Card Number _____

SIGNATURE

.....

Room rates, per day (VAT included):

Double room-Single Occupancy	Bed&Breakfast	Euro	85,00
Double room	Bed&Breakfast	Euro	110,00

The hotel will confirm your reservation VIA FAX or E-MAIL.

Hotel Antica Colonia
Via Costanzo Montani, 5
00044 Frascati (Roma)
tel +39 06 94018061 – 06 94298051
fax +39 06 9420932