

HOTEL ACCOMMODATION FORM

Please complete and return to: CQ Travel srl - Via Pagliano 3 - 20149 Milano
e-mail: congress@cq-travel.com - Fax: +39 0243911650

TO BE FILLED OUT IN CAPITAL LETTERS

HOTEL ACCOMMODATION FORM

First Name _____ Last Name _____

Address _____

Post code _____ City _____ Country _____

Telephone _____ Fax _____

E-mail _____

Codice Fiscale (only for italian participants) _____

LIST OF HOTELS

Prices are per day for bed and breakfast in Euros. Please indicate the requested accommodation.

HOTEL ★★★

San Servolo residence (conference venue)

Type of room	Daily rate (no daily cleaning included)	Mark your choice	Arrival date	Departure date	Number of nights
Single room	€ 75,00				
Double room	€ 110,00				
Triple room	€ 125,00				
Four-bedded room	€ 155,00				

The rooms will be cleaned before your arrival.

To require daily cleaning please add Euros 20,00 per person for every night except the first one (i.e.: for a 3-night-stay we shall charge 2 nights of cleaning of Euros 40,00.)

Reservation deadline: **31st March 2006**. After this date availability and rates will not be guaranteed and are to be reconfirmed, on request.

SETTLEMENT (FULL PREPAYMENT IS REQUESTED TO SECURE BOOKING:

"see Hotel cancellation policy")

Total number of nights _____ x Euros _____ = total. € _____

Daily cleaning: Euros 20,00 x _____ person x _____ nights = total. € _____

(1 night less of the total stay)

TERMS OF PAYMENT

To secure booking, prepayment of the full stay is requested.

BANK TRANSFER TO THE ORDER OF CQ TRAVEL

BANCA INTESA **SWIFT CODE** BCITITMM327 **IBAN** IT27N0306909568068142300160
ABI 03069 - CAB 09568 - ACCOUNT NBR 68142300160

CHEQUE PAYABLE TO CQ TRAVEL s.r.l. via Pagliano,3 - 20149 Milan Italy

CREDIT CARD Visa Mastercard American Express

N° _____ Exp. date _____

Card holder's name in CAPITAL LETTERS _____

Card holder's signature _____