

Hotel Facility	
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Customer:

Surname _____

Name _____

Address _____

City : _____ | **Zip Code:** _____

Phone : _____ | **Mobile phone :** _____

Fax : _____ | **E-mail address:** _____

Arrival _____	Departure: _____	
N° _____ single room	A _____ R _____ B _____ I _____	
N° _____ double room single use	A _____ R _____ B _____ I _____	
N° _____ double room	A _____ R _____ B _____ I _____	
N° _____ triple room	A _____ R _____ B _____ I _____	
N° _____ quadruple room	A _____ R _____ B _____ I _____	
N° _____	A _____ R _____ B _____ I _____	

A (18+) adult
R (12 - 17) boy
B (3 - 11) children
I (0 - 2) infant

Full Board	Half Board	Bed & Breakfast
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AUTHORIZATION TO WITHDRAW THE DEPOSIT

The Undersigned _____

Participant at the Conference of Physics and Mathematics **from the**
17th to the 24th of June 2017

AUTHORIZES

Caroli Hotel Srl, to use the following credit card

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISA	DINERS CLUB	AMERICAN EXP I	MASTER CARD I

Card number _____ Expiration date _____

Amount of € _____ valid as deposit for the reservation at the Hotel

Notes  :

Date  :

SIGNATURE _____

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