

Hotel Facility	
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Customer:

Surmane

Name

Address

City : _____	Zip : _____
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Phone : _____	Mobile phone : _____
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Fax : _____	E-mail : _____
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Arrival _____	Departure: _____
N° _____ singol room	A _____ R _____ B _____ I _____
N° _____ double 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"/>
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VISA	DINERS CLUB	AMERICAN EXP I	MASTER CARD I
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Card number _____	Expiration date _____
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Amount of € _____ valid as deposit for the reservation at the Hotel

Notes  :
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Date  :

SIGNATURE _____