

Hotel Facility	
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	Customer:
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Surname

Name

Address

City :	Zip Code:
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Phone :	Mobile phone :
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Fax :	E-mail address:
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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**
20th to the 27th of June 2015

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 _____

