Hotel Facility				resort		
	Customer:					
Surname						
Name						
Address						
City:		Zip Code:				
Phone :		Mobile phone :				
Fax :		E-mail address:				
Arrival		_	Depa	rture: _		_
N°	single room	A	R	В	I	
	double room single use		R	В	I	
N°	double room	A	R	В	I	A (18+) adult
N°	triple room	A	R	В	I	R (12 - 17) boy
	quadruple room	A	R	В	I	B (3 - 11) children
N°		A	R	В		I (0 - 2) infant
	Full Board		Half Board		Bed & Breakfast]
		TION:	TO WITHDE) A\A/ TUI	E DEDOSIT	
	AUTHORIZA	ATION	IO WIINDR	KAW ITI	E DEPOSII	
The Undersigne	<u>d</u>					
ticipant at the	Conference of Phy	sics a	nd Mathema	atics fro	m the 20th to th	e 27th of June 20
		A	UTHORIZE	S		
	Caroli Hot	tel Srl,	to use the fol	lowing cr	edit card	
VISA	DINERS CLUB	IA Al	MERICAN EX	(P M	ASTER CARD	
Card number				Exp	oiration date	
Amount of €valid as deposit for the reservation at the Hotel						
Notes 🗀	•					
Date 🟮 :						

