NOMS

Hotel Registration Form

Deadline: 15 March 2002

Please return this form to: Intertravel Co. Fax: +39 055 212689 e-mail: itcongre@tin.it				2002 ♦ 15 – 19 April 2002, Florence, Italy
First Name:			_ Family Name:	
Company affiliation:				
Mailing address:				
Postal code:	City:		Country:	
Country code:	Phone #:		Fax #:	
E-mail:				
Arrival			Departure	
(Check accommodation desired):	Category:	4****	3***	2** on request
	Room:	☐ single	double	double single use
Hotel category	Single room (min/max)		Double room (min/max)	Double single use (min/max)
4 ****	Euros 170,00 / 237,50		Euros 212,00 / 314,88	Euros 186,00 / 294,22
3 ***	Euros 97,96 / 144,00		Euros 147,03 / 201,00	Euros 141,86 / 213,00
NOTE: The rates are per room, per night, including breakfast, taxes and service. If single rooms are not available, double room for single use will be assigned. No room reservation will be confirmed without the deposit equivalent to one night rate; the deposit must be free of bank charges. — deposit of one night rate				
city tour of Florence AM (see page 19)				
city tour of Florence PM (see page 19)				
Lexcursion to Siena - San Gimignano (full day) (see page 19)				
TOTALEuros+ Deposit: Money Wire to: (Please indicate clearly your name and conference name; copy of this form to be mailed with a copy of the bank receipt) Intertravel Co c/o Banca Popolare di Novara Agenzia N.1 di Firenze Account No. 46559 ABI 5608 CAB 2801 SWIFT NRVBIT2441				
☐ Charge to my: ☐ VISA ☐ MasterCard ☐ American Express Expiration Date (Month/Year)/				
Card Number I <				

Cancellation: If cancellation is received in writing before 15 March 2002, the deposit will be refunded in total. From 16 March up to and including 26 March, 50% of the deposit is refundable. After 26 March no refund will be given. In case of no-show the full deposit will be charged.



