

Fourth European Cytogenetics Conference

September 6-9, 2003 - Bologna, Italy

Mail or Fax completed form to:
 ITALYMEETING srl - FECC
 Corso Italia, 261
 80067 Sorrento (NA) - Italy
 Fax +39 081 80 71 930
 E-mail: fecc2003@italymeeting.it

CONFERENCE ACCOMMODATION FORM

You can reserve on-line at <http://www.FECCBologna.it>

PERSONAL DETAILS

Title Prof Dr Mr Mrs Mss

Last Name: _____ First Name: _____

Institution: _____

Department: _____

Address: _____

Zip Code: _____ City: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Please mail invoice to: _____

ACCOMPANYING PERSON(S): Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Arrival date: _____ by: _____ h.: _____

Departure date: _____ by: _____ h.: _____

ACCOMMODATION:

	n.	Double	n.	Single	n.	Double (single use)
★★★★ Hotels (2, 3, 4, 5, 6, 7, 8)		E 69,00/85,00		E 100,00/120,00		E 112,00/145,00
★★★ Hotels (9, 10, 11, 12, 13, 14, 15)		E 46,50/59,50		E 60,00/85,00		E 76,00/93,00
★★ Hotels (16)		E 42,00/54,00		E 60,00/78,00		E 70,00/85,00

Preference (see map): 1. _____ 2. _____ 3. _____ Hotel room deposit E _____ Booking expenses n. _____ x E 10,00 = E _____

- Prices per day and per person, breakfast, taxes and VAT included. Please, sign in column "n." the number of the rooms required. Limited availability of single rooms.
- Reservation for the hotels will be accepted only if the appropriate fee for at least one day is pre-paid, plus E 10,00 per room for reservation expenses. Deadline May 10th, 2003. Registration without proof of payment will be not accepted.
- The settlement must be paid to the hotel. An invoice or a receipt for the entire amount will be given.
- Cancellation: hotel deposit will be refunded, excluding booking and post or bank expenses, for cancellation by May 31st, 2003. After this date no refund will be granted.
- No reservation will be accepted without the corresponding payment.
- Payment must be made without charges to the beneficiary, neither cheques nor Eurocheques will be accepted.

PAYMENT METHOD:

Credit Card

Bank Transfer

I hereby authorise ITALYMEETING srl to debit my:

Bank Detail: UniCredit Banca
 Corso Italia, 259
 80067 Sorrento (NA), IT

EuroCard MasterCard VISA

Account Number: 3807157

Card No: _____

CIN EUR 06

Expiry date (Month/Year): _____

CIN E

Cardholder's Name: _____

ABI 02008

CAB 40260

Signature: _____

Reference: Delegate name FECC 2003 Conference
 Accommodation

Date _____ Signature _____

Authorization to process data:

Please, sign here to authorize us for the elaboration and electronic processing of your personal data (Italian Law n. 675/96)

Date _____ Signature _____