

HOTEL / TOURS RESERVATION FORM

Please, fill in this form (one form per participant) and send it by regular mail / fax with the copy of the cheque, or credit card information, to:

(please type or print in capital letters)

Date:_

ICM2003 Hotel Secretariat Triumph P.R.

Via Lucilio, 60 - 00136 Rome, Italy Phone +39 (06) 355301 - Fax +39 (06) 35530231

E-mail: magnetism@gruppotriumph.it

1. PERSONAL DATA		
Family name:		Middle Initial:
Address:		
City:	Country:	Zip Code:
Phone: Companion's name(s)		
Companion's name(s)	Family name: Family name:	
2. HOTEL RESERVATION (please	e, see information on Hotels and Tour	s at the website: www.icm2003.mlib.cnr.it)
Arrival date:	Departure date:	N. of nights:
N. of single rooms N. of double a single use ro		N. of triple rooms (if available)
☐ Cat. A ☐ Cat. B ☐ Cat. C ☐	Cat. D	☐ Cat. G ☐ Cat. H ☐ Cat. I
Prices are expressed in EURO per room, per category. Please, tick your preference. If prefe		
☐ Comparable room rate ☐ Sa	ime location	
(Hotel reservation - for payment with cheque - requi (The Booking fee to make the Hotel reservation thro	ires a DEPOSIT corresponding to one day's	rate.) TOTAL DEPOSIT BOOKING FEE
3. TOURS RESERVATION		
	T 3 HDT4 of persons N. of persons	FDT 1 N. of persons TOTAL N. of persons
	GRAND TOTAL (Hot	tel plus Tours)
4. PAYMENTS		
Euro Cheque or Foreign Cheque: all payments must upon receipt of payment by Triumph P.R. A deposit for reservation. The final settlement of the hotel will be p Credit card: Triumph P.R. will charge only the book checking out. METHODS OF PAYMENT: Payments must be remitted in the process of the payments of the process of the payments	r one-night stay plus the booking fee of 16,0 aid directly to the hotel upon checking out. king fee amount (16,00 EURO per room), ted as follows: In EURO and made out to Triumph P.R. S.r.l.	0 EURO per room, are required to confirm the hotel he full stay will be paid directly to the hotel upon
Credit card N.	Expiry Date	
In case of cancellation or no-show I authorize Trium	ph P.R. S.r.I. or the Hotel booked to debit r	ny credit card for the amount due, as cancellation
policy. Card holder's name	Card holder's signature	
(in capital letters)	(signature is valid as authorization to credit card in case of cancellation of	
Cancellation policy: All amendments or cancellation directly to the Hotel. Cancellations will be subject to lations after May 16th 2003 the first night amount will Cancellation of Tour registration will be subject to the June 27th 2003, 40% refund. No refund after this details the contract of the cont	the following conditions: No penalty applied I be charged. UNDER NO CIRCUMSTANC! e following conditions: 70% refund by May 1 ate.	to cancellations until May 15th, 2003. For canceles THE BOOKING FEE WILL BE REIMBURSED. 5th, 2003. For cancellation from May 16th 2003 to
Signing this form and well informed on the Law n. 6 24, and 28 (see the text of the law in the conference personal data within the limits of the above-mentione P.R. S.r.I complies with the regulation in force. — I do not want that my personal data are divulged to	website) – I authorize TRIUMPH P.R. S.r.l., d law and in accordance with the procedure	until written revocation, to process and divulge my

Signature: _