

CFT 2006

Bologna, Italy

2-9 July 2006

Please complete and fax this form to:

Hotel Cavour
Via Goito, 4
Bologna (Italy)
fax: +39 051 222978

Last Name			First Name			Middle Initial		
Title			Affiliation					
Address								
Zip Code			City			Country		
Daytime Phone			Fax			e-mail		
Date of Arrival			Date of Departure			N. of Nights		

<i>Please book:</i>			<input type="checkbox"/> Room for 1 person	<input type="checkbox"/> Room for 2 persons	<input type="checkbox"/> Double
			<input type="checkbox"/> 65,00 € (Euro)	<input type="checkbox"/> 80,00 € (Euro)	<input type="checkbox"/> Twin
<i>The above-mentioned prices are per room/per night, breakfast included.</i>					
<i>Availability guaranteed before 31/05/2006</i>					

Hotel reservations and credit card numbers with expiry date (**only as a guarantee**) **must be received** who will confirm the hotel reservation. **You will pay directly at the hotel.**

A double room for single use will be assigned in case no single room is available. Cancellations and/or changes should be made in writing to the address shown in this form.

Method of Payment

Direct payment at the Hotel.

VISA EUROCARD/MASTERCARD AMERICAN EXPRESS

Name (as it appears on Credit Card) _____

Card number Exp. date /

Signature _____ Date _____