

1st International Conference on Frontiers in Diagnostic Technologies  
25 - 27 Novembre 2009 Laboratori Nazionali di Frascati , INFN

ACCOMMODATION FORM  
to be sent by October 5, 2009

To  
HOTEL FLORA  
FAX +39 06 9416546

Surname & Name \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please complete the following form to reserve your room:

Type of room _____	Sharring room with:
Date of arrival _____	Name 1 _____
Arrival time _____	Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/>
Date of departure _____	Name 2 _____
Number of nights _____	Attendant <input type="checkbox"/> Accompanying Person <input type="checkbox"/>

My credit card data:

Surname&Name \_\_\_\_\_  
Credit Card Type \_\_\_\_\_  
Expiration date \_\_\_\_\_  
Credit Card Number \_\_\_\_\_

SIGNATURE

.....

Room rates, per day (VAT included):

Double room-Single Occupancy	Bed&Breakfast	Euro	120
Double room	Bed&Breakfast	Euro	150

The hotel will confirm your reservation VIA FAX or E-MAIL.

Hotel Flora  
Viale Veneto, 8  
00044 Frascati (Roma)  
tel +39 06 9416110  
fax +39 06 9416546