2004 IEEE INSTRUMENTATION AND MEASUREMENT TECHNOLOGY CONFERENCE - IMTC 2004 HOTEL RESERVATION FORM se, type clearly!

Please, type clearly!		
Last/First Name		
Organization		
Mailing address		
City/State/Country/Postal Code		
Phone		
Fax		
Email		
Please, reserve the following accommodat:	ions:	
	If reservation is received up	If reservation is received
Number of Rooms Room and Hotel Type	to	from 1 APRIL 2004
o No single occupancy in a 4* hotel	31 MARCH 2004 120.00 Euro	1 APRIL 2004 138.00 Euro
o No double occupancy in a 4* hotel	160.00 Euro	184.00 Euro
o No triple occupancy in a 4* hotel	180.00 Euro	207.00 Euro
o No single occupancy in a 3* hotel	100.00 Euro	115.00 Euro
o No double occupancy in a 3* hotel	130.00 Euro	149.50 Euro
o No triple occupancy in a 3* hotel	150.00 Euro	172.50 Euro
o No single occupancy in a 2* hotel	80.00 Euro	92.00 Euro
o No double occupancy in a 2* hotel	100.00 Euro	115.00 Euro
o No triple occupancy in a 2* hotel	120.00 Euro	138.00 Euro
Cross the preferred accommodation and insreserving for each type (otherwise, one per night and include buffet breakfast.	sert the number of room is assumed for each cro	ms that you are oss). Room rates are
Confirmation will contain the name and thave been reserved.	he address of the hote	l in which the rooms
Arrival date and approximate time:		
Departure date and approximate time:		
Number of nights:		
Reservation must be guaranteed by credit	card.	
Card Type (cross one): o MasterCard	o VISA o American I	Express o Diners
Credit Card #		
Expiration date		
Card Holder		
Signature	Date	
Cancellations will be accepted without per Cancellation received from 11 May 2004 as amount due for whole reserved period (i.e. daily rate of the reserved room).	re subject to a charge	equal to the total

Send the completed hotel reservation form to the hotel reservation service at Grand Hotel di Como by fax to 031-516-600 (attn. Mr. Michele Toncelli) or by email to meeting@grandhoteldicomo.com or manag2@grandhoteldicomo.com