2003 International Symposium on Computational Intelligence for Measurement Systems and Applications
2003 International Symposium on Virtual Environments, Human-Computer Interface, and Measurement Systems

HOTEL RESERVATION FORM

Please, type clearly!

Last/First Name ____

Organization____

Mailing address ____

____

City/State/Country/Postal Code____

Phone____

Fax____

Email ____

Please, cross the first and the second choice for the preferred accommodation

First Choice	Second Choice	Hotel and Room Type	Room Rate (per night)
		Hotel Eden (5*) - Single occupancy	200 Swiss Francs
		Hotel Eden (5*) - Double occupancy	290 Swiss Francs
		Hotel Dante (4*) - Single occupancy	160 Swiss Francs
		Hotel Seegarten (4*) - Single occupancy	120 Swiss Francs
		Hotel Seegarten (4*) – Double occupancy	230 Swiss Francs
		Hotel Meister (4*) - Single occupancy	145 Swiss Francs
		Hotel Meister (4*) – Double occupancy	240 Swiss Francs
		Hotel Diana (3*) – Double occupancy	150 Swiss Francs
		Hotel Ceresio (3*) - Single occupancy	90 Swiss Francs
		Hotel Ceresio (3*) – Double occupancy	100 Swiss Francs
		Hotel International (3*) - Single occupancy	145 Swiss Francs
		Hotel International (3*) – Double occupancy	220 Swiss Francs
		Hotel Rosa (2*) - Single occupancy	92 Swiss Francs
		Hotel Rosa (2*) – Double occupancy	145 Swiss Francs

Room rates are per night and include continental breakfast.

Room rates are valid if reservation is received by **30 May 2003**, subject to room availability After this deadline, the regular hotel rates may apply.

Confirmation will contain the name and the address of the hotel in which the rooms have been reserved.

Arrival date and approximate time:______________________ Number of rooms: ____________

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 Express

Credit Card # ______________________________ Expiration date ____________________

Card Holder (Last/First Name) ____

Signature______________________________________ Date________________________

Cancellations will be accepted without penalties if performed before **30 Juny 2003**. Cancellation received after 30 Juny 2003 are subject to a charge equal to the total amount due for whole reserved period (i.e., the number of reserved night times the daily rate of the reserved room).

Send the completed registration form ***by fax*** *to the conference hotel reservation service:*
Ms. Katya Frigerio, Università della Svizzera Italiana, Lugano, Switzerland
phone: +41 91 913 8540, fax: +41 91 923 8163, email: Frigerio@unisi.ch