

Accretion and Ejection in AGN : a Global View

Società del Casino (Como – Italy), June 22-26, 2009

ACCOMMODATION FORM

Please fill out all sections of this form using block letters and return **within May 6th** to:

Centro di Cultura Scientifica "A. Volta" - Villa Olmo – via Cantoni, 1, 22100 Como - Italy

Fax +39-031-573395 - E-mail: mariagiovanna.falasconi@centrovolta.it

| | | | |
|-----------------------|--|----------------|--|
| Family Name | | First Name | |
| Address | | | |
| ZIP, Town and Country | | | |
| Telephone | | Fax | |
| E-mail | | | |
| Arrival date | | Departure date | |

Nightly Fares b&b

| Hotel (bed & breakfast fares) | Single or double single use | double room |
|--|-----------------------------|-------------|
| Hotel Terminus **** www.albergoterminus.com | € 135,00-€155,00 | € 210,00 |
| Hotel Metropole Suisse**** www.hotelmetropolesuisse.com | € 92,00-104,00 | € 122,00 |
| Hotel Firenze *** www.albergofirenze.it | € 68,00 – 78,00 | € 99,00 |
| Hotel Tre Re*** www.hoteltrere.com | € 80,00 - € 90,00 | € 125,00 |
| Hotel Plinius*** www.hotelplinius.com | € 70,00 - € 80,00 | € 90,00 |
| Hotel Posta ** - Como www.hotelposta.net | € 55,00 – 65,00 | € 75,00 |

Please, reserve: single double to be shared with _____

in Hotel _____ **** *** **

If your requested hotel or category is not available, you will be confirmed in another available hotel or category.

Reservations will be made on a "first come, first served" basis.

Detailed information about your reservation will be sent soon after the deadline.

Without a credit card number as guarantee, we cannot process your reservation request.

Visa Mastercard / Eurocard American Express

Card Number _____ Expiry Date _____

Holder _____ Signature _____

N.B. Reservation is not guaranteed after May 6th 2009.

As regards the cancellation policy please refer directly to your hotel. Cancellation will be accepted only with a written communication.

Please note that the LOC is not involved in the Hotel reservation. Any inquiry should be addressed directly to the Hotel or to mariagiovanna.falasconi@centrovolta.it

I hereby authorise Centro di Cultura Scientifica "A.Volta" to include my details on its mailing list for the distribution of information material. In accordance with art. 13 of Law 675/96, I may have access to these details at any time and request their modification and cancellation.

Date _____

Signature _____