First International School on Constraint Programming 2005
ACCOMODATION FORM

Sep 11 – Sep 15, 2005 * Acquafredda di Maratea Italy

DEADLINES: remember we have rooms reserved for the school until the 20th of August.
After that date we cannot guarantee the availability of rooms

TO BE FAXED TO: (+39) 0973-878102

LAST NAME:	FIRST NAME:	MR/MS
UNIVERSITY / COMPANY:		
FACULTY:	DEPARTMENT:	
STREET:	CITY:	
ZIP CODE:	COUNTRY:	
PHONE:	FAX:	
E-MAIL:	http://	
NAME OF ACCOMPANYING PERSON (S):		
SPECIAL NEEDS (VEGETARIAN, DISABLED ETC.):		
DATE (TIME) OF ARRIVAL:	DATE OF DEPARTURE:	

ACCOMODATION FEE: includes lunches/dinners/transfer from SAPRI station to the Hotel/ beach/welcome reception		
	Number of Nights	EUR
SINGLE ROOM: EUR 90 / PER NIGHT		
DOUBLE ROOM: EUR 80 / PER PERSON/PER NIGHT I WILL SHARE THE ROOM WITH:		
TOTAL FEE: EUR		

PAYMENT BY CREDIT CARD				
CC HOLDER NAME:				
VISA	MASTERCARD/EUROCARD	AMEX	JCB	DINERS CLUB
			EXPIRY DATE:	
LAST 3 DIGITS:	*(on the signature strip - the reverse side)*		CC HOLDER SIGNATURE:	
I, the undersigned, authorise the Hotel Villa del Mare to charge to my credit card the total amount of _____EURO				