



**HOLIDAY INN
NAPLES
NAPLES, OCTOBER 27rd – 29th 2003**

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation October 20th . 2003**

TICK	HOTEL	SINGLE TICK ROOM	DOUBLE
[]	HOLIDAY INN NAPLES 80143 Napoli (NA) - Centro Direzionale - Is. E/6 tel: +39.081 2250111 - fax: +39.081 2250683 www.ichotelsgroup.com/h/d/hi/home	<input type="checkbox"/> Single room € 115 <input type="checkbox"/> double room single use: € 120	€ 130

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: € _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____