



HOTEL REX

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	DOUBLE
[]	HOTEL REX 80132 Napoli (NA) - 12, vl. Palepoli tel: +39.081 7649389 - fax: +39.081 7649227 www.hotelrex-centrale.it	double room single use: € 90	€ 110

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 _____