

IDAMAP 2006: Intelligent Data Analysis in bioMedicine And Pharmacology

August 25-26, 2006 - Verona, Italy

HOTEL RESERVATION FORM

Please fax (++39 045 802 7068) the completed Reservation Form with payment
before June 28, 2006

PERSONAL DATA

Surname/Last Name First Name Middle Initial

Job Title/Position

Institution/Company

Street Address

City State Country

Zip Code E-mail

Phone (*Include country code*)

Fax (*Include country code*)

Please indicate any special needs:

HOTEL

Block reservation has been made for participants in hotels near the conference place.

Hotel fee is to be paid directly to the hotel. No reservation will be made without credit card information!

Please book your hotel:

	Hotel	Single		Double		Arrival	Departure
<input type="checkbox"/>	HOTEL TRYP ****	<input type="checkbox"/>	€75,00	<input type="checkbox"/>	€95,00	--/08/06	--/08/06
<input type="checkbox"/>	Hotel Elena **	<input type="checkbox"/>	€60,00	<input type="checkbox"/>	€80,00	--/08/06	--/08/06

We will take the bookings by the order of their arrival. We reserve ourselves the right to modify your request according to the remaining availabilities.

Financial guarantee

Your credit card number is obligatory to confirm your reservation

☐ Visa ☐ EuroCard ☐ MasterCard American Express

Credit Card number: _ _ _ _ _

Expiration _ _ / _ _

Please note the 3 last numbers noted in the back of your credit card: _ _ _

Card holder name: _____

Signature
