

Integrable Systems in pure and Applied Mathematics

Alghero, June 8-12, 2010

Hotel dei Pini**** - Località Le Bombarde – Alghero (SS) - Italy

**HOTEL REGISTRATION FORM**

To be sent via fax or email to

Hotel dei Pini s.r.l. - Loc. le Bombarde - 07041 Alghero (SS) ITALIA

Phone: +39 079.930157- Fax +39 079.930259

Reservation service: booking@hoteldeipini.it**Hotel reservation deadline: March 30th 2010**

Surname _____ First name _____ M.I. _____

Company/Institution _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____ e-mail _____

I would like to reserve:Full Board Half board Double room single use Double room/separate beds Double room Extra bed required
Cradle

Date of arrival _____ Date of departure _____ Number of nights _____

Expected time of arrival _____

TOTAL amount due _____ EUR**RATES**

	Full Board*
Double room used as single	140 EUR (per day)
First accompanying person	65 EUR (per day)
Extra accompanying person (over 12)	82 EUR (per day/per person)
Extra accompanying person (3-11)	64 EUR (per day/per person)
Cradle (babies 0-2)	free
* Full board includes: breakfast, lunch, dinner, coffee break and water only	

METHOD OF PAYMENT

A deposit of one night per each room will be due after the reservation confirmation.

 By Credit Card Carta SI Visa Mastercard

Card number _____ Expiration Date _____

Name on card _____

 Without credit card – via bank transfer to: Hotel dei Pini srl

Banca Monte dei Paschi di Siena – Agenzia di Alghero

ABI 01030 - CAB 84890, Account Number: 426.93

IBAN-Code: IT 56 S 01030 84890 000 000 042693

BIC: PASCITM1SSA

In case of cancellation, I agree to be charged according to the cancellation policy reported below

Date _____

Signature _____

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Invoice Data: please send all the data for the invoice. If the room is occupied by persons that need individual invoices, add these information below.