



Accommodation Form

Surname _____ Name _____
Affiliation _____
Address _____
City _____ Province _____
Postal Code _____ Country _____
Telephone _____ Fax number _____
E-mail _____
Url _____

Accommodation Requirements

Hotel _____
Room type _____
Check-In date _____ Check-Out date _____
Check-In time _____ Check-Out time _____
Total number of nights _____
Special requirements
(no smoking rooms, etc.) _____

Payment

Your credit card details are kindly requested to confirm your reservation.

Type of card: Visa Mastercard Other (please specify) _____
Card number _____
Expiry date _____
Credit Card Owner Name _____
Date _____ Signature _____

Cancellation policy

There are no penalty charges on cancellations if notifications are made **before May 5th, 2004**.
After this date, the entire stay will be charged.

Queries

For any queries regarding accommodation, please contact Ms. Angela Marigo (angela.marigo@feem.it).

The deadline for guaranteed accommodation is **May 5th, 2004**.

Please return this form completed in detail, no later than May 5th, 2004 to:

Fondazione Eni Enrico Mattei -

Attn Angela Marigo -

fax +39.041.2711461 - e-mail: angela.marigo@feem.it