

HOTEL RESERVATION FORM

INTERDISCIPLINARY SYMPOSIUM  
"MATERIALS SCIENCE AND MATERIALS MECHANICS AT THE NANOSCALE:  
MODELING, EXPERIMENTAL MECHANICS & APPLICATIONS"  
BARI 19-23 NOVEMBER 2006

TO BE SENT TO HOTEL RESERVATION OFFICE BY JULY 30<sup>th</sup> 2006 TO:  
FAX 00 39 080 552 05 74

Please fill in one form for each room reserved

SURNAME..... NAME.....

CHECK IN DATE..... CHECK OUT DATE.....

NUMBER OF NIGHTS.....

Telephone address.....Fax.....

Expected arrival hour ..... Number of flight/Train.....

ROOM (cross the square that corresponds to requested room)

- Single standard room (daily rate euro 110,00)
- Double room single use (daily rate euro 127,00)
- Double room (daily rate euro 156,00)
- Twin room (daily rate euro 156,00)

Included in room rate: American buffet breakfast and free parking.

TO GUARANTEE THE RESERVATION

(cross the square that corresponds to the given guarantee)

- I give my credit card details

kind.....number.....expir. ....

holder .....

IF YOU WANT TO GUARANTEE THE RESERVATION BY YOUR CREDIT CARD, PLEASE FILL IN THE ENCLOSED AUTHORIZATION (in the second page).

- I make a bank transfer equivalent to the first night amount WITHIN NOVEMBER 2<sup>ND</sup> '06.

OUR BANK DETAILS ARE

c/c 654030/30 Banca di Roma (sede di Bari) IBAN IT78T0 ABI 3002 - CAB 4006 - CIN/Q  
NUOVA VILLA ROMANAZZI CARDUCCI S.P.A. VIA G. CAPRUZZI, 326 - 70124 BARI

As the bank transfer will be effected please send us copy to the fax number 00 39 080 552 05 74

CANCELLATION DELAY:

*No penalty for cancellations communicated at least 1 week before arrival date. Late cancellation will involve a penalty equivalent to first night amount.*

DATE.....

SIGNATURE.....

MERCURE HOTEL VILLA ROMANAZZI CARDUCCI  
VIA G. CAPRUZZI, 326 - 70124 BARI TEL 00 39 080 557 52 65 FAX 00 39 080 552 0574  
WWW.VILLAROMANAZZI.COM

**IMPORTANT**  
**RESERVATIONS ARE SUBJECTED ON A LIMITED AVAILABILITY**  
**AND WILL BE ACCEPTED ACCORDING ON CARDS RECEIPT ORDER**

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***IN CASE OF LATE CANCELLATION OR NO SHOW I AUTHORIZE TO CHARGE THE FIRST NIGHT AMOUNT,  
AS PENALTY, ON THE FOLLOWING CREDIT CARD:***

***TYPE .....NUMBER.....***

***EXPIR. ....***

***CARD HOLDER .....***

***Authorization signature***

***Date***

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