Hotel Reservation Form

| arrival date (dd/mm/yy): | departure dat | e (dd/mm/yy): | |
|--|---|-----------------------------|-----------------|
| # adults# children | special requests: | | |
| Room Requested: | | | |
| Deposit for hotel reservation | Euro | | |
| No fixed hotel booking fee will be r | equested | | |
| Please note that deposit is compul Reservations received after | sory in order to allow reser cannot be guarante | vation. eed (May is high | season in Rome) |
| kind of accomodation requested (| prices per room per night | including break | sfast) |
| hotel (centrally located) | | single room | Euro per night |
| - hotel (centrally located) | | single room | Eiro per night |
| - hotel (peripherical area connec | cted with centre) | single room | Euro per night |

For those who prefer to pay by Credit Card: For security reasons please fax this payment form to: +39 06 4452845

Payment Form

| deposit for hotel reservation Euro | | | |
|--|--|--|--|
| total amount to be paid: Euro | | | |
| enclosed: certified cheque copy of bank draft receipt VISA/Mastercard | | | |
| credit card number: expiry date: | | | |
| name on card (capital letters): | | | |
| cardholder place and date of birth: | | | |
| cardholder signature: | | | |
| | | | |
| cancellations notified after are subject to penalty fee | | | |
| If the payment is by Check or Money order then Please, return this form with complete payment details to: | | | |
| Coophotels Roma - Via Santa Croce in Gersalemme 107- 00185 Rome, Italy Tel. +39 06 4464763 Fax +39 06 4452845 e-mail: coophotel@tiscalinet.it For bank draft, please use following bank details for Coophotels (swift): | | | |
| COOPHOTELS Roma Banca Antonveneta Reference: meeting IBAN Code: IT 15 W 0103003268 00000 1112193 Swift Cose: PASCITM1A32 | | | |