

**5th INTERNATIONAL CONGRESS ON CORONARY ARTERY DISEASES**  
**Florence, Italy, October 19-22, 2003**

**ACCOMMODATION FORM**

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:

O.I.C. Way srl  
Viale Matteotti 7  
50121 Florence, Italy  
Tel: +39 055 50351 Fax: +39 055 5001912

**Identification**

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Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

**Participant** (Please TYPE or PRINT IN BLOCK LETTERS)

\_\_\_\_\_ | \_\_\_\_\_  
Family Name | Initials

\_\_\_\_\_  
First name

Title  Prof.  Dr.  Mr.  Mrs.  Ms.

**Mailing Address**  Office

\_\_\_\_\_ | \_\_\_\_\_  
Institute | Dept.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
No. | Street | Suite/Apt.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
City | State/Province | Country | Postal Code

\_\_\_\_\_ | \_\_\_\_\_  
Telephone (office hours): Country code/city code/number | Fax: Country code/city code/number

\_\_\_\_\_  
E- Mail Address

**Accommodation**

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Type of room required:  Single  Double  Triple

Adriatico  Baglioni  Croce Di Malta  Londra  San Gallo Palace

Roma  Cellai  Corona  Machiaveli  Malaspina

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Check In | Check out | Total night/s

\* I will share my accommodation with \_\_\_\_\_

**Tours**

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Full day Siena and S. Gmignanoi Oct 19, 2003  Half day tour of the Florentine Hills  Full day tour to Pisa

FAMILY NAME: \_\_\_\_\_

ACCOM CAD 5

**Payment**

Please indicate the amount enclosed and preferred mode of payment. Ensure that you send your fully completed registration and accommodation form together with your payment:

Hotel Deposit: € \_\_\_\_\_ (1 night deposit as per hotel chosen)  
Tours: € \_\_\_\_\_  
Total € \_\_\_\_\_

**Option 1:Credit Card**

Visa     MasterCard     Diners     American Express     Eurocard

Number \_\_\_\_\_ Expiry Date (month/year) \_\_\_\_\_  
Name as shown on card: \_\_\_\_\_  
Family Name \_\_\_\_\_ First name \_\_\_\_\_  
Signature \_\_\_\_\_ Date (day/month/year) \_\_\_\_\_ Passport number \_\_\_\_\_

**Option 2: Bank Transfer** - with your name and address indicated on the reverse. If payment is made for more than one person, please indicate the names on the form. Payment to be made to O.I.C. Way srl – Casas di Risparmio di Firenze, Ag. 1, Viale Matteotti 20r – 50132 Florence, Italy.  
IBAN CODE: IT23O0616002801000012862C00  
Charges are the responsibility of the payee and should be paid at source in addition to the registration and accommodation fees.

**Option 3:Bank Cheque payable to O.I.C. Way srl (personal cheques are not accepted)**

Enclosed cheque number : \_\_\_\_\_ Bank : \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

By signing this form you authorize O.I.C. srl to charge the above credit card for the balance of your account 1 month prior to your arrival for services ordered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_