

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

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)

_____ Initials
Family Name

First name

Title Prof. Dr. Mr. Mrs. Ms.

Mailing Address Office

_____ Dept.
Institute

_____ Suite/Apt.
No. Street

_____ Postal Code
City State/Province Country

_____ Fax: Country code/city code/number
Telephone (office hours): Country code/city code/number

E- Mail Address

Accommodation

Type of room required: Single Double Triple

Adriatico Baglioni Croce Di Malta Carolus San Gallo Palace Brunelleschi Minerva

Roma Cellai Corona Machiavelli (FULLY BOOKED) Malaspina Laurus

_____ Total night/s
Check In Check out

* I will share my accommodation with _____

Tours

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: IT2300616002801000012862C00

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: _____