

To be faxed to Hotels before July 1st 1999

X-Ray Astronomy '99 - Bologna

Hotel Booking Form

Name:
Affiliation:
Address:
e-mail:
Phone:
Fax:

Hotel:		
I will share the room with (if applicable):		
Arrival Date: .....	Departure Date: .....	No. of nights: .....

**Credit Card Details:**

Name of holder of Card:		
Card	Credit Card Number	Expiry Date
Visa	-----	----/----
Mastercard	-----	----/----
American Express	-----	----/----
Diners	-----	----/----

Signature: