

To be faxed to Hotels before July 1st 1999

<u>X-Ray Astronomy '99 - Bologna</u>		
<u>Hotel Booking Form</u>		
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:		