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:		