

TICME 2011

(Trento 12- 14 December 2011)

THIS FORM MUST BE FILLED AND SENT

BY FAX OR E-MAIL TO THE **HOTEL GRAND HOTEL TRENTO**

Name and Last Name: _____

Institution/Company: _____

e-mail: _____

Telephone: _____

fax: _____

TYPE OF ROOM:

- Single
- double with twin beds (accompanying person's name _____)
- double with double bed (accompanying person's name _____)

RATE (per room per night): _____

DATES:

- arrival date and time _____
- departure date and time _____
- number of nights _____

CREDIT CARD DETAILS (as a guarantee of your reservation)

Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card Holder: _____

"TICME 2011" participant will pay - upon departure from Trento - the fares according to the room rates between the University of Trento and the single hotels.