

*REGAL HOTEL E RESIDENCE BRESCIA (3 stars ***)*

HOTEL RESERVATION FORM

*7th IBIMA Conference
December 14-16, 2006.*

Guest Name _____

Company/University _____

Tel. _____ Fax _____

ARRIVAL DATE _____ DEPARTURE DATE _____ # OF NIGHTS _____

I WOULD LIKE TO RESERVE:

Smoking Room Non-Smoking Room Single Room Double Room

Single Room standard: € 60 Euro per night

Double Room standard: € 75 Euro per night

Above-mentioned rates are daily, per room and include buffet breakfast and all taxes.

Please include credit card information when you make your booking

American Express Visa Master card Diners Club Euro card

Credit Card # _____ Expiration Date _____

Name As it appears on the card: _____ Signature: _____

COMMENTS / SPECIAL REQUESTS

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Policy Penalty of the rooms: In case of no show first night will be charged. Final Date for cancellation without penalty: December 08, 2006 00:00.

Please fax this form directly to the hotel by latest December 08, 2006. Reservations received after this date will be subject to availability. Hotel Fax: +39 030 200 8766

You can also scan and e-mail the form to the hotel at: info@regalresidence.it