

LOGIC COLLOQUIUM 2004
TURIN, ITALY - JULY 25-31, 2004

– HOW TO MAKE YOUR RESERVATION –

Please carefully fill in the form with all personal data, room quantity and type. A confirmation will be sent by mail, fax or E-mail reporting the address of the hotel assigned.

| | | | |
|----------------|-------------------|----------------------|--|
| Full Name | | | |
| Address | | | |
| City / Country | | | |
| Phone | | Fax | |
| E-mail | | | |
| Arrival Date |/...../..... | Nights : N° | |
| Departure Date |/...../..... | | |

Please FILL IN THE BLANKS, SPECIFYING NR. AND TYPE OF ROOMS REQUIRED

RATES PER ROOM, PER NIGHT, TAX AND BREAKFAST INCLUDED

| | HOTEL 2 ★★ | | HOTEL 3 ★★★Standard | |
|-------------------|---------------------|----------|---------------------|----------|
| SINGLE ROOM | Nr | € 58,00 | Nr | € 75,00 |
| DOUBLE ROOM | Nr | € 76,00 | Nr | € 87,00 |
| TRIPLE ROOM | Nr | € 81,00 | Nr | € 120,00 |
| | HOTEL 3 ★★★Superior | | HOTEL 4 ★★★★★ | |
| SINGLE ROOM | Nr | € 88,00 | Nr | € 108,00 |
| DOUBLE ROOM | Nr | € 109,00 | Nr | € 140,00 |
| DOUBLE USE SINGLE | Nr | € 99,00 | Nr | € 125,00 |

CREDIT CARD GUARANTEE :

no reservation will be confirmed without a credit card guarantee . In case of no-show the hotel will charge one night penalty upon your credit card.

Payment will be settled directly in hotel, upon check-out.

AmEx Eurocard Diners Visa Master

N°..... exp. Date (mm/yy)/.....

Holder's name : Date..... Signature

Please, fill the form and send it to:

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| <p align="center">CO.AL.PI. INFO HOTELS & RESERVATION CENTER Via Gioberti, 11 – 10128 Torino – ITALY Tel. +39 011.561.37.60 Fax +39 011.562.17.38 E-mail: hotelres@hotelres.it</p> |
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