

**FOURTH EUROPEAN CONGRESS OF
PHARMACEUTICAL SCIENCES**

Milan, September 11-13, 1998

HOTEL ACCOMMODATION FORM

Please return this form with the correct remittance to:

EUFEPS '98

O.I.C. S.r.l.

VIA FATEBENEFRATELLI, 19 - 20121 MILAN (Italy)

Please type or use block letters Prof. Dr. Mr. Mrs. Miss Ms.

FAMILY NAME _____

GIVEN NAME(S) _____

NAME OF INSTITUTION _____

STREET _____

TOWN _____

Country _____ Postal Code _____

Phone No. _____ Fax No. _____

E-Mail _____

ACCOMPANYING PERSON(S) _____

I request the following reservations:

Category: 5 Stars 4 Stars 3 Stars

No. _____ single room(s) with bath/shower

No. _____ double room(s) with bath/shower

date of arrival _____ (morning/evening)

date of departure _____ (morning/evening)

VERY IMPORTANT NOTICE

Please take note that on Saturday, September 12 and Sunday, September 13, 1998 the *Formula 1 Grand Prix* will take place in Monza (Milan). For this reason we advise participants to make their hotel reservations as soon as possible, as the hotels in Milan will be fully booked.

**ROOM RESERVATIONS CANNOT BE GUARANTEED IF RECEIVED AFTER MAY 31, 1998.
RESERVATION FORMS WITHOUT THE DEPOSIT CANNOT BE PROCESSED.**

FOR ITALIAN PARTICIPANTS ONLY

Fiscal Code _____ IVA number _____

Name and address corresponding to the IVA number _____

Rates (Rooms with bath/shower, bed and breakfast, V.A.T. included)

Average Prices in Italian Lira - Reference date: January, 1998

		Deposit
<hr/>		
5 STARS		
<input type="checkbox"/> Single	min. 360,000 - max. 430,000	385,000
<input type="checkbox"/> Double	min. 470,000 - max. 480,000	495,000
<input type="checkbox"/> Double (Single occ.)	min./max. 440,000	465,000
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4 STARS		
<input type="checkbox"/> Single	min. 270,000 - max. 350,000	295,000
<input type="checkbox"/> Double	min. 330,000 - max. 450,000	355,000
<input type="checkbox"/> Double (Single occ.)	min. 280,000 - max. 390,000	305,000
<hr/>		
3 STARS		
<input type="checkbox"/> Single	min. 150,000 - max. 195,000	175,000
<input type="checkbox"/> Double	min. 240,000 - max. 285,000	265,000
<input type="checkbox"/> Double (Single occ.)	min./max. 200,000	225,000
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OTHERS		
<input type="checkbox"/> Information will be given on specific request		
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PLEASE TICK THE APPROPRIATE BOX - METHOD OF PAYMENT:

The payment of my hotel accommodation has been made by:

- Bank cheque No. _____ of Bank _____
in favour of O.I.C. S.r.l.

- Bank transfer to O.I.C. S.r.l. - Banco di Sicilia - Agency A - Via Santa Margherita, 12/14
20121 Milan - Account number 413 10 20 48 - CAB 01600 - ABI 01020
in favour of O.I.C. S.r.l.

- Credit card. Please charge my:
 - Visa Eurocard MasterCard American ExpressCard No. _____ Card Expiry Date _____
Cardholder's name (as shown on the card) _____
Cardholder's home address _____
Cardholder's date of birth _____
Signature of the cardholder _____
Room deposit Lit. _____ x No. room/s _____
Total Room deposit Lit. _____
(including Lit. 25,000 for each reservation fee)
Date _____ Signature _____