

EWOMP'02 ACCOMMODATION FORM  
Roma, September 18-20, 2002

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Room:        \_ Single (€ 115/day)        \_ Double (€ 130/day)

Arrival date: \_\_\_\_\_

Departure date: \_\_\_\_\_

No. of nights: \_\_\_\_\_

Special needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize to charge Credit Card

  \_ VISA        \_ MasterCard        \_ CartaSi

n. \_\_\_\_\_ Exp.date \_\_\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send form to: S.B.S di Bricca Mirella & C. sas  
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