

## HOTEL RESERVATION FORM – IPDPS 2009

Please fill in and return to the Congress Department:

### Aurelia Convention Centre & Expo

Tel +39.06.66007875-7963-7910 (No phone reservations accepted. Use fax or email as described at IPDPS 2009 Website.)

Fax +39.06.6620259

e-mail info@aurelia-expo.com

### Attention IPDPS 2009 Attendees:

Use this form to make reservations at the **Grand Hotel Palazzo Carpegna** & the **Torre Rossa Park Hotel** for the period May 22 through June 1, 2009. Visit [www.ipdps.org](http://www.ipdps.org) for details. Special rates are guaranteed until **February 23, 2009**. When you make your reservation, please allow several days for the hotel to send you confirmation via email.

Mr.       Mrs.       Ms.       Dr.       Prof.       \_\_\_\_\_ (other)

### PARTICIPANT

First name \_\_\_\_\_ Family Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### ACCOMMODATION

Please book:     double room single use     double room double use     twin room double use     deluxe

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_ Total nights \_\_\_\_\_

Please check applicable rate at preferred hotel:

(Rates in euros)	Standard/Classic	Superior	Junior Suite
<b>Grand Hotel Palazzo Carpegna</b>	<input type="checkbox"/> 140,00 (single use) <input type="checkbox"/> 150,00 (double use)	<input type="checkbox"/> 170,00	<input type="checkbox"/> 200,00
<b>Torre Rossa Park Hotel</b>	<input type="checkbox"/> 115,00 (single use) <input type="checkbox"/> 125,00 (double use)		

If there is no availability at the hotel and rate selected, should we attempt to book you at the other hotel?     YES     NO  
If you checked NO, we will notify you that we were unable to complete your booking as requested.

### GUARANTEE AND CANCELLATION CHARGES

I authorize the use of the following credit card to guarantee my reservation as selected above:

➤ Credit card:     American Express     Visa / CartaSi     EuroCard / MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

I agree that in case of cancellation after May 1, 2009, the hotel may charge the above card for the first night of my reservation.

Signature: \_\_\_\_\_

### INVOICE

It is understood that the hotel will issue a final invoice at checkout and that the heading of the invoice will be as I specify. Further, the invoice will be issued for the charges as agreed to between the hotel and me.