Conference on Bayesian Nonparametrics

Belgirate (Italy), 17 – 19 June 1997

HOTEL RESERVATION FORM

to be sent to Hotel Villa Carlotta
Via Mazzini, 121
I-28040 Belgirate (VB)- Italy

(Please type or use block letter)

Family name ____________________

First name ____________________

Institution ____________________

Mailing address ____________________

City ____________________ Code ____________________

Country ____________________

Telephone number ____________________ FAX number ____________________

E-mail ____________________

Title of contributed paper (if any) ____________________

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____

Arrival date: ____________________ Arrival time: ____________________

Departure date: ____________________ Departure time: ____________________

Full board (room and meals) in

Single room ☐ Double room ☐

Hotel Villa Carlotta ☐ Hotel Milano ☐

People in your party: ____________________

Other requirements: ____________________

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Hotel deposit (Lit. 150.000 per person) : ____________________

☐ Check or International Cheque enclosed

☐ Copy of the Bank transfer enclosed

☐ Copy of Vaglia Telegrafico enclosed

☐ Credit card number ____________________ Expiration date ____________________

Person sharing your room, if any:

Family name ____________________

First name ____________________

Date, ... Signature