

NEUROINTENSIVE CARE: UPDATE 2018
Lake Como School of Advanced Studies – June 4-8, 2018
Villa del Grumello, Como, Italy

ACCOMMODATION FORM

Please fill out this form using block letters and return by **May 3, 2018** to: alessandra.cazzaniga@fondazionealessandrovolta.it

Family Name		First Name	
Institution			
Address			
ZIP, Town and Country			
Telephone		Email	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Arrival Date		Departure Date	

Hotels – bed and breakfast rates¹

¹(Rates do not include tourist tax applied by the Municipality of Como: Euro 2,50 for 4 star hotels, Euro 2,00 for 3 star hotels, Euro 1,00 for 2 star hotels. Tax is per night and person and is applied on maximum 4 nights.)

Hotel	single / double single use room	double room
Hotel Park (3 star)	Euro 75,00 – 99,00	Euro 115,00
Hotel Engadina (3 star)	Euro 70,00 – 80,00	Euro 120,00
Hotel Quarcino (3 star)	Euro 60,00 – 90,00	Euro 105,00

Guesthouse @ Villa del Grumello	Only shared accommodation is possible	Euro 33,00 (price per person in double room or four bedded <u>to be shared</u> , breakfast not included; a kitchen for self preparing breakfast is available)
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Hostel	Mixed dorm* (4-6 beds) From Sunday to Thursday	Mixed dorm* (4-6 beds) Friday and Saturday
Ostello Bello	Euro 36,90	Euro 39,90

Please, reserve: single or double single use room (hotels only) _____

double or mixed room to be shared with _____

**Dorms are shared rooms – to be shared mainly with other school participants. Beds are assigned by the Organizing Secretariat. In case we do not reach enough students to fill one dorm, the remaining beds will be assigned by the hostel to other guests (external).*

In Hotel _____ / _____ (1st choice/2nd Choice)

at the Guesthouse of Villa del Grumello

in Ostello Bello Hostel

If your requested hotel or category is not available, you will be confirmed in another available hotel or category.

Reservations will be made on a "first come, first served" basis.

Without a credit card number as guarantee, we cannot process your reservation request

Visa Mastercard / Eurocard American Express

Card Number _____ Expiry Date _____

Holder _____ Signature _____

N.B. Reservations made by the Secretariat are guaranteed only until 3 May 2018. Cancellation policies may vary from one hotel to the other and will be communicated together with the confirmation of hotel reservation.

Date _____

Signature _____