

**MASIR 2005**  
**Courmayeur 26 – 30 January 2005**  
**HOTEL REGISTRATION FORM**

This form must be returned by FAX or e-mail by December 15, 2004 to: **COURMAYEUR INCOMING S.r.l.**  
**Piazzale Monte Bianco, 11 – 11013 Courmayeur (AO) – Italy**  
Tel. +39 0165 842370 – Fax. +39 0165 842831 – E-mail: [info@courmayeurincoming.it](mailto:info@courmayeurincoming.it)

Family name \_\_\_\_\_ Given name \_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**HOTEL FARES**

	<b>Half board</b>	<b>Bed &amp; breakfast</b>
<b><u>4 stars:</u></b>	<input type="checkbox"/> 100,00 1 night <input type="checkbox"/> 95,00 3 nights or more	<input type="checkbox"/> 80,00 1 night <input type="checkbox"/> 75,00 3 nights or more
<b><u>3 stars:</u></b>	<input type="checkbox"/> 62,00 1 night <input type="checkbox"/> 58,00 3 nights or more	<input type="checkbox"/> 45,00 1 night <input type="checkbox"/> 41,00 3 nights or more
<b><u>2 stars:</u></b>	<input type="checkbox"/> 47,00 1 night <input type="checkbox"/> 42,00 3 nights or more	<input type="checkbox"/> 37,00 1 night <input type="checkbox"/> 32,00 nights or more

These prices are intended PER PERSON / PER NIGHT in a double room with double occupancy.

Extra for single room or for double room, single use

4 stars € 30,00 per day

3 stars € 20,00 per day

2 stars € 15,00 per day

**Please reserve:**

Double, single use	N. _____	N. nights _____
Single room	N. _____	N. nights _____
Twin bed room	N. _____	N. nights _____
Two bed room	N. _____	N. nights _____

**RESIDENCE FARES**

Check on [www.masir.org/hotels](http://www.masir.org/hotels) for residence accommodation. You have to arrange your own room-mates!

- One bedroom residence, 4 nights       350E (extra night 80E)  
 Two bedroom residence, 4 nights       500E (extra night 125E)

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_

**Reservation is valid only if the form reports the complete data of the credit card**

**Payment by :**

VISA / MASTERCARD / DINERS / AMERICAN EXPRESS    N. \_\_\_\_\_

name on card \_\_\_\_\_ expires \_\_\_\_\_

Hotel payment will be made in full at the Hotel desk. A fiscal receipt or bill will be issued. The Credit Card will only be used to charge the first night in case of no show or cancellation after January 18 (included), 2005, based on room type and hotel category, according to the above fares.

**Herewith I authorize Agenzia Courmayeur Incoming to transmit to the selected hotel the data on my credit card for charging of the first night in case of late cancellation or no show.**

Date \_\_\_\_\_

Signature \_\_\_\_\_