



1st INTERNATIONAL CONFERENCE AND COURSE ON NEUROMUSCULAR ULTRASOUND

Please send the registration form to: email neu-rome@zeroseicongressi.it or fax +39 06 85352882

HOTEL BOOKING FORM

Surname.....Name.....

Address.....ZIP Code.....

City.....State.....

Ph. Fax E-mail.....

Credit card to guarantee: Header.....

Credit card number..... Expiry date

SPEAKER YES NOT

HOTELS:

DOMUS MARIAE PALAZZO CARPEGNA****
www.palazzocarpegna.com

DUS room € 130,00 for night
Double room € 150,00 for night

DOMUS PACIS TORRE ROSSA***
www.torrerossapark.com

DUS room € 110,00 for night
Double room € 120,00 for night

Hotel: 1st choice _____ 2nd choice _____

Room DUS Double **Arrival on** _____ **Departure on** _____

Number of nights _____ **TOTAL AMOUNT** _____

Signature..... **Date**.....

