

Università Cattolica del Sacro Cuore - Diritto allo Studio

**IFLA CONGRESS**  
**MILAN 22-28 August 2009**

Request for accommodation at the  
MARIANUM COLLEGE, San Vittore Avenue , 18 - Milan

Participant reference

Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Possible second participant, with accomodation in double room

Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Type of room required (please, insert an X)       Single       Double

Period:    Arrival \_\_\_\_\_    Departure \_\_\_\_\_

Invoice

Do You need invoice? (please, insert an X)       Yes       No

If yes, please indicate below your details:

Header: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fiscal Code: \_\_\_\_\_  
V.A.T. Entry: \_\_\_\_\_

Note:

With this hereby request, I am committed to make the payment of the deposit through the payment on the bank account within and no later than 30/06/2009. If by that date the payment did not be reached by us, this reservation would lose validity.

Place \_\_\_\_\_

Signature

Date \_\_\_\_\_

\_\_\_\_\_