

**WFH 10th Musculoskeletal Congress, Stresa, Italy
May 3 - 6, 2007**

ACCOMODATION RESERVATION FORM

Last Name: _____
First Name: _____
Postal Address: _____
City: _____ State/ Province: _____ Country: _____
Postal/ Zip Code: _____ Telephone Number: _____
Fax Number: _____ E-mail: _____

Hotel Information * Breakfast buffet is included in both properties

Regina Palace Hotel
www.regina-palace.it
Tel: + 39 0323 324056
Fax: + 39 0323 324056
sales@regina-palace.it

- Single **€ 155.00** *
 Double **€ 180.00** *

*+ 10% tax additional

Grand Hotel Iles Borromes
www.borromees.it
Tel: + 39 0323 938938
Fax: + 39 0323 32405
booking@borromees.it

- Single **€ 155.00** *
 Double **€ 180.00***

*+ 10% tax additional

La Fontana
www.lafontana-hotel.com
Tel: + 39 0323 324056
Fax: + 39 0323 324056
direzione@lafontana-hotel.com

- Single **€ 75.00**
 Double **€ 98.00**

To guarantee your reservation you must provide a credit card number
Any changes to your reservation you must contact the hotel directly
WFH is not responsible for your hotel booking

Hotel Reservation

Special Requests: _____ Smoking room

Arrival date: _____ Departure Date: _____

Please note: Check-in time is 14h00.

Card Number: _____ Expiry date: _____

Signature: _____

- Visa MasterCard American Express Diners Club

The hotel must be advised of cancellations 72 hours prior to your arrival; otherwise a full stay will be charge

HOTEL ONLY

We are pleased to confirm the above booking:
Reservation number: _____ Date of confirmation: _____

**Please fax this document to the Hotel you have selected
*Before April 4, 2007***