

THE EUROPEAN CIRCUIT OF ENGLAND AND WALES

ROME MEETING HOTEL BOOKING FORM

Hotel Cicerone, Via Cicerone 55/c, Rome 00193

19-22 October 2006

Personal Details

Surname _____ Forenames _____ Title _____

Address _____

Town _____ Post / Zip Code _____ Country _____

Telephone _____ Fax _____ E-mail _____

Accompanying persons _____

Special Requirement _____

Accommodation

In Euro per night at the concessionary rate agreed with the Consiglio Nazionale Forense

Please book accommodation at the Hotel Cicerone as indicated below.

Double / Twin Room per night inc. buffet breakfast - €210 []

Dble Room, single occupancy per night inc. buffet breakfast - €170 []

TOTAL DUE _____

Arrival Date/time/ _____ Departure _____

No of nights _____

Method of Payment

Please give details of the Credit Card as guarantee of the reservation.

Type of card - Visa, Mastercard, etc []

Card Number _____ Expiry Date _____

Cardholders name _____

Signature _____ Date _____

Please send by fax to +39 06 323 5385

With copy to +39 06 4888 0821

Or

By e-mail to maurizi@ciceronehotel.com

With copy to andrew.colvin@studiocoggiatti.it