

HOTEL RESERVATION FORM

(To be sent by fax: 0039 045 597265. Please complete using block letters.)		
First Name Last Name		
Please complete:	Double as single room min/max	
Hotel 3* N°		□ € 100,00/109,00 (VAT included)
Hotel 4* N°		□ € 127,00/168,00 (VAT included)
Rates are intended per room, per night and breakfast included. The hotel accommodation charge will be invoiced directly by		
the hotel. Rates do not include City tax.		
Please indicate your preferred hotel (see HOT)	ELS GUIDE): First choice	Second choice
Date of arrival: / 10 / 2013 Estimated	time of arrival:	
Date of departure: / 10 / 2013 Number of nights:		
I wish to share the room with:		
First Name	Last Name	
HEADING OF THE INVOICE FOR BOOKING FE	E	
Institution - First name / Last Name		
Street	Zip CodeCity	
Country E-mail		
VAT NUMBER	TAX CODE	
Please COMPLETE with credit card information as guarantee for the hotel and for the payment of booking fees (€ 15,00):		
Credit card: AMERICAN EXPRESS DINERS VISA MASTERCARD/EUROCARD		
Expiration Date	No.	
CVV Code ((the last 3 numbers on the back side of the credit card; the CVV is not requested if the credit card is		
AMERICAN EXPRESS or DINERS)		
Cardholder's name		
I authorize Cogest M&C BUSINESS & TRAVEL to charge my credit card with € 15,00 as booking fee and I authorize the hotel to charge the room rate according to the following cancellation policy:		
Cancellation Policy:		
• In case of cancellation by July 31, 2013 only booking fee will be held		
• In case of cancellation from August 1, 2013 booking fee and the charge for one night stay will be held		
• In case of no show booking fee will be held and the hotel will charge all nights stay on the credit card		
Date Signature		
PRIVACY		
Compliance with Italian Legislative Decree 196/2003 on priva performance of the requested services. Your authorization fo	acy. The data will not be spread or communicated to r the use of your data is compulsory, without it we w	people or organisations other than the ones competent for the ill not be able to proceed with the registration operations.
DateSignature		
I authorize the use of my registration data for the mailing of in		
DateSignature		

Information pertaining to Art. 13 of Legislative Decree 196 / 2003. The personal data will be treated for the purposes of secretarial operations concerning registration for the Conference and for related services. In this respect, the rights ratified by the Art. 7 of legislative decree 196 / 2003 are guaranteed. Your data will be absolutely not disclosed to any commercial company. Responsible for the data's treatment is Cogest M. & C. Ltd. – Vic. S. Silvestro n. 6, 37122 Verona (Italy); owner of the treatment is University of Verona.