



## HOTEL RESERVATION FORM

Please fill in and send it by fax or e-mail  
within 10<sup>th</sup> September 2008



tel. 0541-760382-4-7 fax 0541-760388 - eventi@firmatour.it



Divisione  
Chimica dei  
Sistemi  
Biologici  
Società Chimica Italiana

### 53<sup>rd</sup> National Meeting of SIB & National Meeting of SCI-Section CSB Riccione 23<sup>rd</sup> - 26<sup>th</sup> September 2008

Family name \_\_\_\_\_ First name \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Codice fiscale \_\_\_\_\_ P.IVA \_\_\_\_\_

#### HOTEL RATES

HOTEL	DOUBLE ROOM AS SINGLE USE	DOUBLE
<input type="checkbox"/> 4 Stars TOP	€ 85,00	€65,00
<input type="checkbox"/> 4 Stars STANDARD	€ 60,00	€50,00
<input type="checkbox"/> 3 Stars SUPERIOR	€ 50,00	€35,00
<input type="checkbox"/> 3 Stars STANDARD	€ 40,00	€30,00

The above mentioned rates are per person per night and include: breakfast, taxes and service.

#### RESERVATION

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_

Nr. double room as single use \_\_\_\_\_ Nr. double room \_\_\_\_\_

**Booking conditions:** The reservation will be valid only if correctly filled in and if accompanied with the payment of one night accommodation. The deposit paid will be deducted from the hotel bill. The balance will be paid directly in the hotel. The hotel will provide official receipt for the whole sum.

#### CANCELLATIONS AND REFUNDS:

- Cancellations must be sent to the Organizing Secretariat by email or by fax.
- For cancellation till 16<sup>th</sup> September 2008 no penalties, the deposit will be refund.
  - For cancellation from 17<sup>th</sup> September 2008 the deposit of one night accommodation will be kept.

#### SOCIAL DINNER:

The social dinner will take place in Riccione on Thursday 25<sup>th</sup> September.

Social dinner €35,00 for person Nr. \_\_\_\_\_ person

The Organizing Secretariat will provide regular invoice for social dinner.

#### PAYMENT CONDITIONS:

- Bank transfer order to: FIRMA.T.O. srl - Banca Popolare Emilia Romagna - Fil. N. 7 Rimini  
**SWIFT CODE:** BPMOIT22 **IBAN Code:** IT55 F053 8724 2060 0000 0851 390 **Reason:** Meeting SIB-SCI 2008 Mr/Mrs
- Credit Card:  VISA  MASTER  
card number \_\_\_\_\_ card holder \_\_\_\_\_  
date of birth \_\_\_\_\_ expiration date \_\_\_\_\_ total amount \_\_\_\_\_

Date \_\_\_\_\_ Card Holder's signature \_\_\_\_\_

**Please, send a copy of the credit card (front and back) and of your identity card (front and back)**

Legislative decree n. 196 of 30<sup>th</sup> June 2003 (ex law 675/96 privacy) consent to collect personal data according to the above mentioned law, I declare to have all information about the collection and the treatment of personal data:

- AUTHORIZE  DO NOT AUTHORIZE you or other companies to send me periodic commercial papers, offers, folders, informations and greeting letters.  
 AUTHORIZE  DO NOT AUTHORIZE you to give to other people information about my participation to the event, only to receive and to send letters, messages, telephone calls addressed to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_