

## ACCOMMODATION FORM

**To be sent before January 13th, 2012 (fax number +39 0515876848 – mamedaeventi@mamedaeventi.com)**

Family Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

ZIP CODE \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

e-mail \_\_\_\_\_ Ph. \_\_\_\_\_ Fax \_\_\_\_\_

	<i>Single room</i>	<i>Double room single use</i>	<i>Double room</i>
**** 4 Viale Masini	-----	€ 129,00	€ 149,00
**** Hotel Mercure	€ 110,00	€ 120,00	€ 130,00
**** Una Hotel	-----	€ 110,00	€ 120,00
**** Zanhotel Europa	-----	€ 104,00	€ 124,00
**** Zanhotel Tre Vecchi	-----	€ 104,00	€ 124,00
*** <sup>sup</sup> Hotel Metropolitan	-----	€ 110,00	€ 140,00
*** Zanhotel Regina	-----	€ 89,00	€ 109,00
*** Hotel San Felice	€ 70,00	€ 93,00	€ 100,00
*** Millennhotel	-----	€ 79,00	€ 89,00
*** Nuovo Hotel Del Porto	€ 70,00	€ 75,00	€ 88,00
*** Hotel Re Enzo	-----	€ 75,00	€ 85,00

### ***Bed&Breakfast, VAT included***

Hotel \_\_\_\_\_ Arrival \_\_\_\_\_ Departure \_\_\_\_\_

*You will receive hotel confirmation by e-mail. Please allow up to 10 days for mailed confirmation.*

**Second choice (if the chosen hotel is fully booked)** \_\_\_\_\_

### ROOM

Single room

Double room single use

Double Room

Accompanying Person \_\_\_\_\_

### PAYMENT

**Hotel Reservation must be guarantee with a credit card. The payment will be done directly to the hotel at the check-out**

Master Card

Visa

American Express

Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

### CANCELLATION POLICY

The Organizing Secretariat should be notified of cancellations in writing.

If the Organizing Secretariat receives cancellations before 13 January 2012, only the first night will be charged.

After 13 January 2012 the total amount of your stay will be charged on your credit card by the hotel.

„No shows” are non-refundable.

If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for such a change.

By sending in this accommodation form, I acknowledge that I have taken notice of the cancellation terms on this form.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_

**Momeda Eventi s.r.l.**

**I - 40122 Bologna – Via San Felice, 38**

tel. +39 051 5876729 - fax +39 051 5876848 mamedaeventi@mamedaeventi.com – www.mamedaeventi.com