

## HOTEL RESERVATION FORM

Please fill in this form and send it not later than April 20, 2015 to: [segreteria@studioesse.net](mailto:segreteria@studioesse.net) | fax: +39 081 8907169

### PARTICIPANT DETAILS

Family Name	Name		
Institution	Telephone	Fax	
Email	Please head the invoice to		
Address	City	Country	VAT Number
Arrival Date	Departure Date	N. of nights	

Hotel and Congress venue: **Hotel Royal Continental** - [www.royalgroup.it/royalcontinental/en](http://www.royalgroup.it/royalcontinental/en)

<b>Required room</b>	<b>Double room for single use</b>	<b>Double room</b>
Classic room	<input type="checkbox"/> € 129,00	<input type="checkbox"/> € 149,00

All the indicated rates are per room and per night. Room rates also include breakfast, VAT and private facilities, unless otherwise stated. Local city taxes are not included and will be charged in addition by the hotel, to be paid upon check out (€ 2,50 per person, per night).

#### PAYMENT AND CANCELLATIONS - PLEASE CHOICE YOUR METHOD OF PAYMENT

**BANK TRANSFER IN ADVANCE**

Please note that your hotel reservation cannot be processed without payment. You may pay only by bank transfer (see details below):

**Remittee:** studioesse s.r.l. - **Bank:** CARIPARMA - Cassa di Risparmio di Parma e Piacenza - **IBAN:** IT 03 S 06230 74791 000056636993 - **SWIFT:** CRPPIT2P568

**Important information:** Please indicate your name and surname and ECCE2015 as reference on your payment so that we can identify you for confirmation.

Reservations will be confirmed by e-mail or fax returning only upon receipt of the bank transfer. Invoice will be issued by studioesse s.r.l.

**PLEASE SEND COPY OF BANK TRANSFER WITH THIS RESERVATION FORM**

**ACCOMMODATION PAYMENT MUST BE MADE UPON CHECK OUT DIRECTLY TO THE HOTEL VIA CASH OR CREDIT CARD.**

I authorize to use the following credit card to guarantee my reservation (**REQUIRED**):

**Credit card:**  American Express  Visa  MasterCard

Card no.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

I authorize the use of my credit card for this purpose. Signature: \_\_\_\_\_

Invoice will be issued by the hotel. I will provide the necessary indications upon check-out directly to the hotel with regards to the heading of the invoice. The hotel will therefore issue the invoice for the charges agreed.

After April 20, 2015, accommodation cannot be guaranteed although the Organizing Secretariat Studioesse srl will make every effort to meet the participants' requests upon availability. In order to avoid disappointment, early bookings are recommended. No telephone reservation will be accepted.

#### CANCELLATION POLICY

Any changes or cancellations should be submitted by email to Studioesse srl ([segreteria@studioesse.net](mailto:segreteria@studioesse.net)) and not directly to the hotel.

Cancellations will be subject to the following conditions :

- Before April 9, 2015: no penalty charge will be applied for total or partial cancellation.
- Between April 9 and May 9, 2015: the paid amount will be refunded with a deduction of 50% as penalty charge.
- After May 9, 2015: no refund will be made for cancellations or last minute changes.

All approved refunds will be processed and issued after the congress.

#### PRIVACY

Signing this form I authorize Studioesse srl to process my personal data for the provision of services related to the event in object. I also declare to accept the terms of booking, payment and cancellation proposed in this form.

Date

Signature