

TOP 2015

HOTEL RESERVATION FORM

Please, fill in capital letters and send to STUDIOCONGRESS
by e-mail (info@studiocongress.it) or fax (+39 081 18891224)

Family name: _____ First name: _____
Address: _____ Post code: _____
City: _____ Country: _____
Phone: _____ Mobile: _____
e-mail: _____

Incomplete or incorrect forms will not be accepted

HOTEL CONTINENTAL TERME **(conference site)**

Congress Package (5 nights in full board / IN : Sunday Sept 13th- OUT: Friday Sept 18th)

- € 635.00 per person in Double Room Single Occupancy, Full board
 € 485.00 per person in Double Room shared with a companion, Full board

The package includes the dinner of Sunday 13/9 and the lunch of Friday 18/9 before departure.

For shorter stays, please fill the spaces below:

(people staying less than three nights could be moved to other Hotels)

Please book n.1 DOUBLE Room **single occupancy** (€ 130.00) or DOUBLE Room (€ 100.00)
(shared with a companion)

IN: _____ OUT: _____ FOR A TOTAL OF _____ NIGHTS

Fee for **extra nights** in bed and breakfast accommodation (reservation throughout Studiocongress)

- double room single occup. - €105.00: room only or € 130: full board
- double room - €70.00: room only (one person) or €100: full board

- **All prices are per person /per night** and include taxes, Continental Breakfast, Lunch and Dinner.
Tourist levy –€ 1.50 per person / per day in 4 stars hotels is NOT included.
- Payment for accommodation and tourist levy will be settled directly at the hotel.

CANCELLATIONS and PENALTIES

- For cancellations within **September 7th**: NO PENALTY
- In case of late cancellation or no show, your credit card will be charged with the amount of 1 night.

Cancellations and/or changes shall be done by e- mail (info@studiocongress.it)

Please do verify the reception of your e-mail (tel. +39 081 18891223).

PAYMENT METHOD: payments will be settled directly at the hotel

Your credit card details are needed in order to guarantee your reservation:

CREDIT CARD VISA MASTERCARD

N. _____ - _____ - _____, exp: _____, CVV: _____

Cardholder: _____

Signature _____

Pursuant to Article 13 of the legislative decree 196/2003 and successive amendments, I hereby express my consent to the processing of my personal data by Studiocongress for the following purposes: Meeting Organisation. I also confirm that I accept the cancellation policy.

date

signature

TOP 2015

REGISTRATION FORM

Please, fill the registration form and send it to STUDIOCONGRESS
by e-mail (info@studiocongress.it) or fax (+39 081 18891224)

FISCAL DATA FOR INVOICE

Invoice Heading: _____

Date of birth: _____ Birthplace: _____

Address: _____

Post code: _____ City: _____ Country: _____

Personal Tax ID: NIF/NIT/Fiscal code: _____

A registration fee of **€200 (€250 if paid after July 10th)** is requested to participants and should be paid to the conference secretariat before coming to the conference.

The registration fee can be paid in two ways:

- Bank transfer via IBAN: **IT14B0200803466000103134213, SWIFT UNCRITM1G40** to: **STUDIOCONGRESS**, specifying as reason for payment: "Participation in TOP 2015 of ..." (indicate the name of the participant).

Please, send a copy of the transfer to info@studiocongress.it

- Credit card (VISA or Mastercard; no American Express):

CREDIT CARD VISA MASTERCARD

N. _____ - _____ - _____ - _____, exp: _____, CVV: _____

Cardholder: _____

I authorize the payment of my registration fee

€ 200.00 (before July 10th)

€ 250.00 (after July 10th)

Signature _____

A receipt of payment will be provided by the agency Studiocongress to all participants.