

# HOTEL ACCOMMODATION FORM

*ARC center Opening Ceremony  
Turin, February 27<sup>th</sup> – March 3<sup>rd</sup>, 2017*

Please send by email to:

**The Organizing Secretariat**

**Ms Anna Gnozzi**

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Title: Prof. (  ) Dr. (  ) Mr. (  ) Mrs. (  ) Miss. (  )

Family Name ..... Name .....

Name of Institution .....

Institution Address .....

Postal Code and City ..... Country .....

Phone ..... Fax .....

E-Mail .....

(  ) Invited Speaker/Chairman

ARRIVAL DATE ..... DEPARTURE DATE..... ROOM REQUESTED Double (  ) Single (  )

OTHER ROOM TIPOLOGY.....

NR. OF NIGHTS REQUIRED.....

**Nr of pax:**

**Accompanying Person (s)**

1. Family name..... First name.....

2. Family name..... First name.....

3. Family name..... First name.....

*Special notes/allergies/requirements:.....*

A credit card guarantee would be required as guarantee for any personal extras, at the hotel:

Card Number ..... Expiration date .....

Signature ..... Date .....

**For Italian participants only:** *Please indicate how to issue the invoice for the accompanying person (s)*

Name: ..... Address: .....

City Code: ..... City: .....Fiscal Code/VAT NUMBER.....

**According to art. 10/law 675/96, Amanda Eventz srl is authorized to use personal data for purposes connected to the Congress Management. - I agree:**

X Yes       No