

Hotel Reservation Form

***In order to secure a room, your booking must be received by February 28, 2015.
The conference group rate is no longer guaranteed after this date.***

Please fill in the form in WORD or PDF

Reservation Procedure:

- 1) Please complete this form in all its parts, including your credit card details. If you choose not to give your credit card information, a one-night advance payment is required, and the receipt of the bank transfer needs to be attached to this form
- 2) Clearly indicate the preferred type of room
- 3) Send this form by e-mail to congressi@hotelflamingo.it or by fax to 0039-70-9208359
- 4) You will receive an email confirmation of your booking within two business days

Last Name _____

First Name _____

Institution _____

E-mail _____

HOTEL RESERVATION

Arrival Date _____

Departure date _____

Preferred Room Type (to be confirmed depending on rooms availability)

Hotel Flamingo Resort ****

- | | |
|---|----------------------------|
| <input type="checkbox"/> Standard Double Room - double occupancy with Full Board accommodation per night | € 90.00 per person |
| <input type="checkbox"/> Standard Double Room - single occupancy with Full Board accommodation night | € 120.00 per |
| <input type="checkbox"/> Deluxe Double Room - double occupancy with Full Board accommodation per night | € 100.00 per person |
| <input type="checkbox"/> Deluxe Double Room - single occupancy with Full Board accommodation | € 130.00 per night |

Hotel Mare Pineta ***

- | | |
|---|---------------------------|
| <input type="checkbox"/> Standard Double Room - double occupancy with Full Board accommodation per night | € 70.00 per person |
| <input type="checkbox"/> Standard Double Room - single occupancy with Full Board accommodation | € 90.00 per night |

Full board accommodation includes breakfast, lunch and dinner. Lunch and dinner are comprehensive of ¼ lt. of house wine and ½ lt. of mineral water (additional beverages will be charged separately).

dietary requirement:

- a) vegetarian
- b) gluten free
- c) other (specify) _____

Due to technical reasons, unfortunately we are not able to provide Kosher and Halal food.



For extra nights the same conference rate will be applied. Please make sure you specify your arrival and departure dates.

conference rate will be applied. Please

If you choose a double occupancy room, please indicate the person sharing the room with you

Accompanying person:

Last Name _____ First Name _____

If you would like to share with another participant but you do not have a companion yet, please write "NEEDS participant" in the field above, and contact the Organising Committee, who will try to find a companion for you.

Please, observe that, should a matching with a companion not be possible, you may be asked to pay the single occupancy rate. Alternatively, a full refund will be granted if you then decide to cancel your reservation

Cancellation policy:

- cancellation up to 30 days before the arrival date - no individual fee will be charged
- cancellation between 30 and 15 days before the arrival date - the participant will be charged for 1 night
- cancellation between 14 and 5 days before the arrival date - the participant will be charged for 2 nights
- cancellation less than 5 days before the arrival date - the participant will be charged for the entire stay

Please note that in case of early departure the hotel is entitled to charge all nights booked.

CREDIT CARD INFORMATION: I hereby accept the conditions stated above and I authorize the hotel to charge my credit card in compliance with the cancellation policy:

- Visa Mastercard
 Diners

Name of card holder.....

Credit Card Number.....

Expiry date.....

Signature.....

Date.....

Credit card information will be used as guarantee only, no charge will be made at the time of booking.

The hotel bill will be settled in full directly with the hotel upon check-out (unless cancellation policy applies).

If you choose not to give your credit card information to guarantee your room reservation, a one-night advance payment is required. Your payment should be wired to:

Bank Account Owner: Sud Company s.r.l

BANK: Banca di Sassari filiale di Pula

Iban: **IT24J0567643940000003008509**

Bic/Swift: BPSAIT31XXX

Remember to specify as reason for payment: Hotel deposit "your name" - NEEDS2015



Please note that hotel reservations will not be confirmed unless guaranteed by credit card, or unless the receipt of a wire transfer for a one-night advance payment is attached to this form.

For additional information please contact congressi@hotelflamingo.it

