

SC2011



October 10-14, 2011

Title _____ Last name _____

First name _____ Institution _____

Address _____

City and ZIP code _____ Country _____

E-mail _____ Phone _____

HOTEL RESERVATION

Check-in date _____ Check-out date _____

Number of accompanying persons _____

Accompanying person's last name _____ First name _____

Accompanying person's last name _____ First name _____

Please directly communicate with the hotel (Tel. +39-070-9208361/2/3) in case a child must stay in the same hotel room as an additional person, or if you have any special request.

Type of room requested (request to be confirmed depending on the room availability)

Hotel Costa dei Fiori (star rating **)**

Double Room **Standard** Full Board (2 people in the room) Euro 83.00 **per person** per night
Double Room **Standard** For Single Use Full Board (1 person in the room) Euro 108.00 **per person** per night

I would like to share the double room with the following participant (please ensure that the same participant also requests you as a roommate in his/her hotel reservation application):

Last Name _____ First Name _____

Full board includes breakfast, lunch, and evening dinner. Lunch and dinner include ¼ liter of house wine and ½ liter of mineral water (other beverages are charged extra). For additional nights of stay (before or after the conference) the above conference rates still apply.

CONFERENCE REGISTRATION FEE

- **Regular registration fee (after April 30 prior to arrival)** € 300
- **On-site registration fee (upon arrival)** € 350
- **Conference dinner for accompanying guests (€ 50 each)** € _____

The registration fee covers the Conference materials, refreshments during coffee breaks, and the Conference dinner for the participant only (the conference dinner for accompanying guests must be paid separately). As mentioned earlier, the hotel rates (for either hotel) include daily breakfast, lunch, and dinner.

Instruction for the hotel reservation and Conference fee payment

Your reservation will be confirmed after the receipt of your credit card information or after the room payment through the bank transfer.

Guarantee by credit card

Please **fax this form with the credit card information** (see below) to the fax number +39-070-9208359 or **e-mail a scanned copy** to congressi@hotelflamingo.it

Please note that credit cards will be considered as guarantee only! The total hotel bill will be settled directly with the hotel upon check-out. The registration fee will be charged prior to the conference.

Please check the hotel cancellation policy carefully to avoid any conflicts.

Payment by the bank transfer

Unless you guarantee your reservation with a credit card, **the room must be paid in advance by bank transfer.** The registration fee and the dinner for accompanying guests can be paid in the same bank transfer. The total amount due (registration+hotel+dinner for accompanying guests if any) must be transferred to:

Account holder: Sud Company srl
Account number: 03008509
IBAN: IT24J0567643940000003008509

Bank name: Banca di Sassari, Pula Branch
ABI: 5676 CAB: 43940
SWIFT: BPSAIT3SA

Any additional fees/charges for the bank transfer is the responsibility of the sender.

Please indicate clearly in the bank transfer your first and last name and "SC2011 Conference", and **also fax this form along with a copy of the bank transfer** to the fax number +39-070-9208359, or **e-mail a scanned copy** to congressi@hotelflamingo.it

Hotel cancellation policy

- cancellation up to 60 days before the arrival date – full refund
- cancellation between 60 and 30 days before the arrival date – 1 night charged
- cancellation between 29 and 7 days before the arrival date – 2 nights charged
- cancellation less than 7 days before the arrival date – charge for the entire reservation

In case of early departure, the hotel is entitled to charge for all nights in the original reservation.

CREDIT CARD: I hereby accept the conditions above and I authorize the charges for the selected items above (registration+hotel+dinner for accompanying guests if any):

Visa Mastercard Amex Diners

Name on the credit card.....

Credit card number..... Expiration date.....

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

BANK TRANSFER: I hereby accept all the conditions above. I have made a bank transfer according according to the guidelines above. A copy of the bank transfer is enclosed.

Conference fee € _____ Hotel reservation € _____ Dinner for accompanying guests € _____

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