

GEOMED2011 – 4th International Conference on Medical Geology

HOTEL RESERVATION FORM

To be filled out in capital letters and sent to I Viaggi di Salomone by fax (+39.080.5316155) or e-mail (eventi@iviaggidisalomone.it).

Surname _____

Name _____

Institution _____

Address _____ ZIP CODE _____

Town _____ State _____ Country _____

Tel. _____ Fax _____

Tick accommodation chosen.

(Prices per room per night, breakfast and vat included. Costs may change after 30th June 2011)

- | | | |
|--|---|---|
| <input type="checkbox"/> SHERATON NICOLAUS HOTEL 4* | <input type="checkbox"/> Double Single Use € 110,00 | <input type="checkbox"/> Double € 130,00 |
| <input type="checkbox"/> HOTEL ORIENTE 4* | <input type="checkbox"/> Double Single Use € 142,00 | <input type="checkbox"/> Double € 165,00 |
| <input type="checkbox"/> HILTON GARDENN INN 4* | <input type="checkbox"/> Double Single Use € 130,00 | <input type="checkbox"/> Double € 150,00 |
| <input type="checkbox"/> HOTEL BOSTON 3* | <input type="checkbox"/> Single € 88,00 | <input type="checkbox"/> Double Single Use € 102,00 |
| <input type="checkbox"/> RESIDENCE ZODIACUS | <input type="checkbox"/> Double Single Use € 65,00 | <input type="checkbox"/> Double € 95,00 |

Number of rooms _____ Number of nights _____

Arrival date _____ Departure date _____

Reservation Condition

In order to guarantee Your reservation, please indicate below your credit card details:

CREDIT CARD TYPE (only Visa or Mastercard) _____ No _____

EXPIRY DATE _____ Name of Cardholder _____

In case of cancellation within 24 hours before arrival, I authorize the travel agency to withdraw cost first night.

Payment of the stay will be settled before checking out.

Date _____ Signature _____