



European Commission TRACES Seminar Palermo-Italy 28 – 30 october 2009

REGISTRATION & ACCOMMODATION FORM

Please **TYPE or PRINT** in BLOCK LETTERS and AIRMAIL or FAX to: **BGE EVENTI & CONGRESSI**
Via Giovanni Bonanno, 61 – 90143 Palermo – Italy Phone No. 0039.091.306887 – Fax No. 0039. 091. 6260945

Family Name _____ First Name _____

Title: Dr. Ing. Mr Ms

Full Mailing Address _____ City _____ Zip. Code _____

State _____ Country _____ CF:/ VAT no. _____ (only for European countries)

Ph. _____ Fax _____ e-mail _____

HOTEL BOOKING

- I/we require accommodation at the following hotel : Name of the hotel _____
- Single Occupancy Double Occupancy *I will share my room with _____
- Check in date _____ Check out date _____

TRANSFER BOOKING

- I/we require n. _____ transfer from Palermo Airport to the hotel and vice versa
- Arrival date: _____/Airline/Flight No: _____ at _____ hours/ N. of person _____
- Departure date: _____ Airline/Flight No: _____ at _____ hours/ N. of person _____

CULTURAL VISIT (30 OCT. 2009) BOOKING

- I will participate to the Cultural visit organized on 30 oct 09
- Please book n _____ accompanying person**

****In case of accompanying person the rate for the Cultural visit is € 70,00 vat included, and has to be paid at the time of hotel booking.**

TOTAL AMOUNT OF RESERVATION

Room rate € _____ x No. of nights _____ = Total Amount of my stay	€ _____	+	
	Agency fee	€ 24,00	+
Cultural visit for n _____ accompanying person x € 70,00	Total for cultural visit	€ _____	=
	Total Amount to be paid	€ _____	

HOW TO PAY

BY BANK TRANSFER: Please specify person's name, surname, title of the congress and ID BGE 58/09

BGE Eventi & Congressi srl

C/C 052852062481 - Banca Sellasud Ardit Galati SPA - Suc. 09 Palermo Via Villareale

ABI 03049 - CAB 04605 - CIN R - **IBAN IT18R0304904605052852062481** SWIFT CODE: **BRDGIT33XXX**

BY CREDIT CARD:

I authorize to charge my credit card

Total amount on my hotel reservation € _____ +

Agency fee € **30** +

Cultural visit for n__ accompanying person x € 70,00 Total for cultural visit € _____ =

Total amount to charge € _____

Credit card number _____

Card holder name _____

Exp. Date _____

Security code _____

Signature _____

Date _____

TERMS AND CONDITIONS & CANCELLATION POLICY

- Bookings can be done through the "reservation form" to be sent to BGE Eventi & Congressi by e-mail to info@bgeventi.com or fax to no. 0039.091.6260945
- Reservation will be considered fully completed only if BGE receives reservation form duly signed together with copy of the bank transfer.
- Any request sent without the payment of the entire amount of hotel reservation, will not be accepted.
- BGE Eventi & Congressi will issue the invoice of your stay and of the agency fee.
- All extras must be settled in full directly at the hotel at the check – out. The hotel will issue the invoice.
- Confirmation of your accommodation booking will be sent to you by email or fax from BGE Eventi & Congressi

RESERVATION RATES

- Hotel rates indicated are per room per night, breakfast and VAT and taxes included.

RESERVATION CHANGES

- Any change must be notified by fax or email to BGE Eventi & Congressi and **not to the hotel**.

ARRIVAL AND DEPARTURE

Hotel Check-in time - from 2.00 pm - Hotel Check-out time - not later than 10.00 am

Please indicate on your registration form or notify the Organizing Secretariat in writing if you arrive at your hotel after 6 p.m. Without any written communication your room will be released as no-show and BGE Eventi & Congressi will cancel your booking without this entitling you any compensation.

CANCELLATION POLICY

Any cancellation must be notified by fax or e-mail to:

BGE Eventi & Congressi Mail: info@bgeventi.com - Fax. 0039.091.6260945

HOTEL CANCELLATION:

Within October 15th, 2009 0% penalty
From October 20th, 2009 penalty of 1 night
From October 24th, 2009 penalty of your entire stay

All reimbursements will be made after the congress upon request and after presentation of your bank details.
Administrative charges of € 40,00 will be deducted from the refund.

I accept the " **TERMS AND CONDITIONS & CANCELLATION POLICY** "

Signature _____

Date _____