

**8th International GBAS Working Group
Palermo-Italy 3-6 march 2009**

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:	<input type="checkbox"/> Dr.	<input type="checkbox"/> Ing.	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
Full Mailing Address _____		City _____	Zip. Code _____
State _____	Country _____	VAT no. _____ (only for European countries)	
Tel _____	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 _____ Room rate € _____ x No. of nights _____ =

Check out date _____ Total Amount of my stay € _____ (*)

CREDIT CARD DETAILS AS GUARANTEE FOR THE CANCELLATION POLICY :

MasterCard Visa

Credit Card No. _____ Cardholder Name _____

Expiry Date _____ Last three numbers on back of card _____

TRANSFER BOOKING

I/we require n. _____ transfer from Palermo Airport to the hotel and/ or vivversa

Arrival date: _____ /Airline/Flight No: _____ at _____ hours/ N. of person _____

Departure date: _____ Airline/Flight No: _____ at _____ hours/ N. of person _____

N. _____ of transfer requested x € 45,00 = Total Amount € _____ (2)

HOW TO PAY

BY BANK TRANSFER: Please specify person's name, surname, title of the congress and the hotel chosen

BGE Eventi & Congressi srl
C/C 052852062481 - Banca Sellasud Arditi Galati SPA - Suc. 09 Palermo Via Villareale
ABI 03049 - CAB 04605 - CIN R - **IBAN IT18R0304904605052852062481.**

HOW TO PAY

BY CREDIT CARD: For payment through credit card bank charges of 3.75% of the total amount to be paid

I authorize to charge my credit card for :

Hotel total amount € _____ (1) +

Transfer total amount _____ (2) +

Sub total _____ +

3.75% bank charges € _____

Total amount to be charged in my credit card € _____

Date and Signature _____

TERMS AND CONDITIONS & CANCELLATION POLICY

- Bookings can be done through the “reservation form” to be sent to BGE Eventi & Congressi by e-mail to palermogbas@bgeventi.com or fax to no. 0039.091.6260945
- Reservation will be considered fully completed only if BGE receives reservation form duly signed and copy of the bank transfer.
- Any request sent without the credit card details as guarantee for the hotel & transfer in case of no show or penalties, will not be accepted.
- BGE Eventi & Congressi will issue the invoice.
- 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.
- Transfer rate indicated is for a oneway trip 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 that 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 debit your credit card the entire stay booked + transfers requested.

CANCELLATION POLICY

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

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

HOTEL CANCELLATION:

Within January 31 th , 2009	0% penalty
From February 1 th , 2009	penalty of 1 night
From February 20 th , 2009	penalty of 2 nights
From February 26 st , 2009	penalty of your entire stay

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

I accept the “ **TERMS AND CONDITIONS & CANCELLATION POLICY**”

Signature _____

Date _____