

14th INTERNATIONAL BIODETERIORATION AND BIODEGRADATION SYMPOSIUM (IBBS-14) 6-11 October, 2008

Hotel Capo dei Greci****, Sant'Alessio - Riviera di Taormina, Messina, Sicily

HOTEL REGISTRATION FORM

To be sent via fax or email to

Hotel Capo dei Greci Riviera di Taormina S.S. 114 – Km 38, 98030 Sant'Alessio Siculo, Messina -
Tel. +39-0942- 756984 Fax. +39-0942-750703 e-mail: ricevimento@hotelcapodeigreci.it

Hotel reservation deadline: april 30th 2008

After the above deadline the Capo dei Greci Hotel could be in the possibility of not guaranteeing rooms

Surname _____ First name _____ M.I. _____

Company/Institution _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____ e-mail _____

I WOULD LIKE TO RESERVE:

Double room used as single Double room/separate beds Double room Triple room

I WISH TO SHARE MY ROOM WITH: Accompanying person – compulsory to state NAME Other participant (s) _____

Date of arrival _____ Date of departure _____ Number of nights _____

Expected time of arrival _____

TOTAL amount due _____ EUR

RATES

Double room used as single: **€108,00** (per day per person)
Double room: **€72,00** (per day per person)

The same rates will be applied for pre and/or post conference days (limited to availability and on request to above e-mail address)

All rates for the IBBS-14, participants refer to **HB** service tax included (VAT 10%), from lodge on Monday 06th to breakfast on Sunday 12th 2008.

The participants will be accommodated in the Capo Dei Greci Rooms (main building or Villas depending on availability)

METHOD OF PAYMENT

By Credit Card: payment will be due at the check-out. Please take note that the Capo dei Greci Hotel will NOT cash in any amount prior to your arrival unless obliged because of cancellation (see policy below)

Carta SI Mastercard Visa AMEX Other (please specify) _____

Card number _____ Expiration Date _____

CVVCode _____ Name on card _____

In case of cancellation, I agree that my credit card be charged according to the cancellation policy

reported below

Date _____

Signature _____



Without credit card - A deposit of 30% of the total is due within two weeks after the confirmation of the booking by the Capo dei Greci Hotel through bank transfer. Balance of payment will be due at the check-out.

Bank Coordinates: if you choose to pay via bank draft it is compulsory to indicate to whom we need to invoice the amount by you sent. On bank draft it must be clearly stated IBBS – 14, name and surname of person.

Name of Bank: BANCA ANTONIANA POPOLARE VENETA

Agency: CATANIA

Cod. IBAN: IT 56 T 050401690500000014621E

Cod. BIC/SWIFT: ANTBIT2Pxxx

In case of cancellation, I agree to be charged according to the cancellation policy reported below

Date _____

Signature _____

Cancellation policy:

- For cancellation until 30 days before the event, the Capo dei Greci Hotel will charge 10% of the total amount due;
- For cancellation between 29 days and 8 days before the event, the Capo dei Greci Hotel will charge 50% of the total amount due;
- For cancellation until 7days before the event or in case of no-show, the Capo dei Greci Hotel will charge 80% of the total amount due.

Useful information

- 1) Check-in after 3:00pm; check-out before 11:00am.
- 2) Your reservation will be guaranteed by a registration confirmation to be sent via email to the indications on hotel booking form (so please indicate clearly);
- 3) The booking form must be filled in all it's parts and **UNDERSIGNED** by you with **HAND MADE SIGNATURE** in order to convalidate the form.

Invoice Data: please send all the data for the invoice. If the room is occupied by persons that need individual invoices, add these information below.

NAME OF UNIVERSITY and/or other:

ADDRESS:

PARTITA IVA and CODICE FISCALE (if in Italy):.....