

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

ONLY FOR Multiple Room

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 _____ Male / Female _____

Company/Institution _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _____ Fax _____ e-mail _____

Multiple room I would like to share my room with (min/max 3/4 occupants) **(compulsory to specify names)** _____

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

RATES: 54EUR (per day per person) The special multiple room rate will be applied only to who will share a room with other 3 or 4 students of which names have to be indicated in the booking form. In case of missing information the form **WILL NOT BE CONVALIDATED** and no reservation can be made.

The rate for the IBBS-14 participants refer to **HB** service tax included (VAT 10%).

I ACCEPT TO SHARE MY ROOM WITH THE PERSONS HERE BY ME, INDICATED

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)

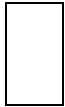
Carta SI Mastercard Visa AMEX Other (please specify) _____

Card number _____ Expiration Date _____

CVVCode _____ Name on card _____

In case of cancellation, I agree to charge my credit card according with 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 050401690500000014621 E

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 7 days 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 10:00am.
- 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):.....