

Hotel Reservation Form
International Meeting on Laminopathies
April 6-8, 2017
Savoia Hotel Regency • Bologna

Name: _____ Surname: _____

Department / University / Company: _____

Address: _____

City: _____ Postal code: _____ Country: _____

Tel.: _____ Fax: _____ Email: _____

Fiscal Code/VAT number _____

Room Type

Dates

check in check out

Single room

Number of rooms: _____

1 night 124,40 €

2 nights 224,40 €

Double room

Number of rooms: _____

1 night 149,40 €

2 nights 274,40 €

Triple room

Number of rooms: _____

1 night 174,40 €

2 nights 324,40 €

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|--|
| The rates include breakfast, city tax and VAT 10%. |
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Special notes

Payment:

by bank transfer

IBAN: IT87 E 06385 02413 100000004464

Abi 06385 cab 02413 c 100000004464

SWIFT IBSPIT2B

Beneficiary Client: Agenzia Viaggi Bigtours-CARISBO filiale borsa

Beneficiary Client Address: Via indipendenza 2/c Bologna 40121

by credit card (+ 3% Charge)

Credit card information:

American Express • Master Card • VISA • Diners Club • Carta Si

Card number: _____ Expiry date: _____

Cardholder's signature: _____

Reservations will only be considered if accompanied by receipt bank transfer or credit card information.

**Please fill in reservation form and send it to:
laminopathiesmeeting2017@gmail.com**