

**Hotel Reservation Form**  
**International Meeting on Laminopathies**  
**April 6-8, 2017**  
**Aemilia Hotel • 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    172,40 €

2 nights    320,40 €

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**Double room**

Number of rooms: \_\_\_\_\_

1 night    188,40 €

2 nights    352,40 €

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The rates include  
breakfast, city tax and  
VAT 10%.

**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 bank transfer receipt or credit card information.**

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