

EMTC 2010

EUROPEAN MEDICAL TRAVEL CONFERENCE
From 5th to 7th May 2010

HOTEL RESERVATION FORM		
SURNAME:	FIRST NAME:	PH:
FAX:	E-MAIL:	CITY/ZIP CODE:
COMPANY:	ADDRESS:	
ARRIVAL DATE:	DEPARTURE DATE:	Total nights:
park hotel villa fiorita <small>Hotel, resort & centro congressi</small> <i>Congress venue</i>	<input type="checkbox"/> € 130,00 p/room/night double single use room	€ 150,00 p/room/night <input type="checkbox"/> twin room <input type="checkbox"/> double room
antony palace hotel <i>(transfer to the congress venue included)</i>	<input type="checkbox"/> € 110,00 p/room/night double single use room	€ 130,00 p/room/night <input type="checkbox"/> twin room <input type="checkbox"/> double room
<input type="checkbox"/> € 26,00 p/person for lunch on 7th May	<input type="checkbox"/> 1 pax	<input type="checkbox"/> 2 pax
Please indicate any disability, diet restrictions, allergies here:		
TRANSFER INFORMATION		
My arrival flight is:		
<input type="checkbox"/> € 50,00 p/car transfer from Venice Airport by private car	<input type="checkbox"/> € 35,00 p/car transfer from Treviso Airport by private car	
PAYMENT CONDITIONS		
Please bill my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS		
Card number.....		
Cardholder Name:	Valid:	/ CCV:
Date:	Signature: (name in capital letters):	
With my signature I accept the following hotel reservation and cancellation policy: <ul style="list-style-type: none">Refunding is only 50% of the rooms until 28.02.2010; Refunding is only 25% of the rooms until 31.03.2010; After this date no refunding is possible		
POST CONGRESS SERVICES <small>on demand</small>		
<input type="checkbox"/> € 45,00 pp half day Treviso city sightseeing on 07 May 2010	<input type="checkbox"/> € 140,00 pp full day city sightseeing in Venice on 08 May 2010	
<input type="checkbox"/> number of participants	<input type="checkbox"/> number of participants	
25 participants are requested to confirm the visit. Rates on request if less than 25 participants. <u>Payment at time of final confirmation is required.</u> For detailed programm click: www.sogedinhotel.com/EMTC2010.htm		
Please FAX this document to: + 39 0422 898136 For questions or assistance, call: + 39 0422 898008		

Hotel stamp as confirmation

Date / / 2010