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Taormina, 18-22 September 2006

HOTEL RESERVATION FORM

Please use capital letters

SURNAME _____ FIRST NAME _____
 POSITION _____ AFFILIATION _____
 ADDRESS _____
 ZIP CODE _____ CITY _____ COUNTRY _____
 PHONE _____ MOBILE PHONE _____
 FAX _____ E-MAIL _____

PLEASE RESERVE: HOTEL _____
 ALTERNATIVE HOTEL (just in case of unavailability) _____
 N ____ DOUBLE FOR SINGLE USE ROOM € ____
 N ____ DOUBLE ROOM € ____
 Reservation fee (€ 12,50 + VAT 20%) per room € 15,00 x n ____ rooms = € ____
 TOTAL DUE € ____
 ARRIVAL: 17/09/2006 DEPARTURE: 23/09/2006 TOTAL NIGHTS: 6
 I ASK ADDITIONAL NIGHTS SPECIFY DATES _____

METHOD OF PAYMENT

- Bank transfer (without charges to the recipient) made out to
FINIVEST CONGRESSI s.r.l. – Banco di Sicilia, filiale 9-03 Catania, Italy
 Account n° 000000051357
 - IBAN IT41 P010 2016 9030 0000 0051 357 – BIC (Bank Identifier Code) BSICITRRCT1
 (for foreigner delegates)
 - ABI 01020 - CAB 16903 - CIN P (for Italian delegates)
- Credit Card: VISA MASTERCARD DINERS EUROCARD CARTASI

Card Holder (surname and first name) _____

Card number _____ Expiry date ____ / _____

I hereby authorize the use of my credit card for the purposes specified above

Signature _____ Date _____

IMPORTANT NOTE: RESERVATIONS WITHOUT PAYMENT WILL NOT BE CONSIDERED VALID

INVOICE OR RECEIPT REGISTRATION (THE RECEIPT OR INVOICE WILL BE RELEASED DIRECTLY BY THE HOTEL)

SURNAME and FIRST NAME or CORPORATE NAME _____
 ADDRESS _____
 CITY CODE _____ CITY _____ COUNTRY _____
 VAT NUMBER (if invoice is needed) _____

CONDITIONS

Confirmation will be sent to the fax number or email address indicated in the reservation form. This is a compelling reservation. Therefore in case of no show 100% of entire stay will be automatically charged.

I authorize *FINIVEST CONGRESSI srl* to hold my data and give them to the hotel where I will stay. Current Italian law. 45, 26/2/04 art. 7 and 13 states that I can have access to my data, ask for them to be modified or cancelled or to object to use them.

Signature _____ Date _____

The reservation form together with the payment have to be returned by May 26th 2006 to:
FINIVEST CONGRESSI srl – via G. D'Annunzio 125 – 95126 CATANIA
 Tel. +39 095 383412 – fax +39 095 370419 – e-mail: segreteria@fininvestcongressi.it

A CONFIRMATION OF THE RESERVATION WILL BE SENT BY JUNE 20TH 2006.