

2nd International Conference

“Translational Research in Oncology: a New Approach to Personalized Medicine”

May 8, 2012 IRST - Meldola

May 9 - 10 - 11, 2012 Hotel Globus City - Forlì

HOTEL RESERVATION FORM

Please, return this form by **April 30, 2012** to:
BONONIA VIAGGI Srl
Piazza dei Martiri, 1 - 40121 Bologna - Italy
Phone +39 051 4211585 - Fax. +39 051 249846
e-mail: paola.libbra@bononiaviaggi.it

Last Name _____
First Name _____
Position title _____
Institute _____
Address _____
City _____ State/Province _____
Zip/Post code _____ Country _____
Telephone _____ Mobile phone _____
e-mail _____

ACCOMPANYING PERSON

1. Family Name _____
1. First Name _____

FOR THE INVOICE:

Last Name _____
First Name _____
Position title _____
Address _____
State/Province _____
Country _____
VAT NUMBER (P.IVA) _____
TAX PAYER'S NUMBER (COD. FISCALE) _____

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HOTEL	DOUBLE SINGLE USE	DOUBLE
Hotel Michelangelo ****	from € 79,00	from € 89,00
Hotel San Giorgio ****	from € 99,00	from € 129,00
Hotel Globus City **** S	from € 115,00	from € 145,00

Prices are expressed in Euro, per room, per night, breakfast, services, 10% vat included. Reservation fee: € 20,00.

HOTEL RESERVATION

- Hotel Michelangelo **** Hotel San Giorgio **** Hotel Globus City **** S
- Double Single Use Room Double Room

Arrival Date _____

Departure Date _____

N° of Nights _____

*In case of double room, indicate
the name of your room-mate*

PAYMENT

25% deposit at confirmation, settlement a month before the departure.
Hotel reservation charges € 20,00 p/room.

- Bank transfer**
made out to Bononia Viaggi Srl
Banca Popolare dell'Emilia Romagna
ABI 05387 - CAB 02402 - c/c 00000062332 - CIN Z
IBAN Code IT80Z053870240200000062332 - Swift code BPMOIT22XXX

- Credit Card**
 VISA MASTERCARD AMERICAN EXPRESS

Card Number

CW (Credit Validation Value)

Expiry date ____ / ____

Owner _____

Date of birth ____ / ____ / ____

Please send a copy of the bank transfer with the Hotel Reservation Form.

In case of written cancellation before **April 10, 2012** 80% of the deposit will be refunded.

Signing this form and well informed on the legislative decree n. 196/2003 concerning "personal data processing" – particularly on the articles 4,13, 21, 23, 24, 27, 37, 43, 44, 45 e 137 - I authorize Bononia Viaggi Srl until written revocation on to process and divulge my personal data within the limits of the above mentioned legislative decree and in accordance with the procedure laid down by the legislative decree. I give my assent provided that Bononia Viaggi Srl complies with the regulations in force.

- I do not want that my personal data are divulged to third parties.

Date _____

Signature _____