

3rd International Conference

TRANSLATIONAL RESEARCH IN ONCOLOGY

MAY 6, 2014

IRST IRCCS - MELDOLA

MAY 7 - 8 - 9, 2014

HOTEL GLOBUS CITY - FORLÌ

HOTEL RESERVATION FORM

Please, return this form by **April 30, 2014** to:

Studio E.R. Congressi - Triumph Group
Via Marconi, 36 - 40122 Bologna, Italy
Ph. +39 051 4210559 - Fax +39 051 4210174
ercongressi@thetriumph.com
www.ercongressi.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) _____

HOTEL RESERVATION FORM

HOTEL RESERVATION

- 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

Name of the bank: CASSA DI RISPARMIO DI CESENA SPA

Swift Bic Code: CECRIT2CXXX

Iban Code (only for European payments): IT49L0612002400CC0290002596

Account No.: CC0290002596

Account holder: STUDIO E.R. CONGRESSI SRL

 Credit Card

- VISA MASTERCARD

Card Number CVV (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 7, 2014** 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 Studio E.R. Congressi S.r.l. 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 Studio E.R. Congressi complies with the regulations in force.

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

Date

Signature