

EURING ANALYTHICAL CONFERENCE 2009
14th-20th September 2009

ACCOMODATION BOOKING FORM
To be sent before 27th August 2009

HOTEL SERENA MAJESTIC
Viale Carlo Maresca, 12 – 65015 Montesilvano (PE) Tel. +039.085.8369777 – Fax +039.085.7992187
e-mail: bookingSM@bluserena.it

FILL IN ONE SHEET PER PERSON
Personal Details

First Name _____ Last Name _____

City _____ District _____

Address _____ Z.I.P. Code _____

Telephone _____ Mobile _____ Fax _____ Email _____

Birth place _____ District _____ Birth Date _____

Doc. Type: Driving licence Identity Card number _____ Release Date _____

PLEASE BOOK:

Single room room with double bed double room triple room

*To share with _____

*When booking multiple bed rooms, please specify the name of the other guests.
If not specified the booking reservation will not be confirmed.

BOOKING

Arrival _____ Departure _____

Half board

Full board FROM ___/___/2009 lunch dinner TO ___/___/2009 lunch dinner

<input type="checkbox"/>	Full board in double and triple room € 48,00 per person per day
<input type="checkbox"/>	Full board in single room € 66,00 per day
<input type="checkbox"/>	Half board in double and triple room € 45,00 per person per day
<input type="checkbox"/>	Half board in single room € 63,00 per day
<input type="checkbox"/>	Extra for Social Dinner 19 th September 2009: € 24,00 per person (price for hotel guests)
<input type="checkbox"/>	Extra meal € 25,00 out of full board treatment

Fares are inclusive of VAT

Rooms will be at guest disposal by 3.00 pm on the day of arrival and cannot be held after 11.00 am on the day of departure.

Serena Majestic is a Residence Hotel.

Guests will be hosted both in hotel rooms or residence units with equal fares and conditions.

Rooms and residence units will be assigned based on availability.

Serena Majestic Hotel Residence

Viale Carlo Maresca, 12 • 65015 Montesilvano (PE) • Tel 085.83.699 • Booking 085.83.69.777 • www.bluserena.it • info@bluserena.it

Bluserena S.p.A. - Viale Carlo Maresca, 12 - 65015 Montesilvano (PE) - Tel 085.83.699 - Booking 085.83.69.777
www.bluserena.it - info@bluserena.it - Capitale Sociale Euro 1.742.000,00 i.v. - C.F., P.I. e Registro Imprese di Pescara 01695910685
Società soggetta all'attività di direzione e coordinamento della Carlo Maresca S.p.A. C.F., P.I. e Registro Imprese di Pescara 01705540688

Bluserena è Hotel e Villaggi a 4 stelle in **Abruzzo - Calabria - Puglia - Sardegna - Sicilia**

BOOKING CONDITIONS

We invite you to fill in this booking form including a payment of 30% of the amount due, as a deposit. This should be sent to Serena Majestic Hotel **before 27th August 2009**. Booking reservations will be confirmed upon receipt of deposit payment.

Deposit of € _____, _____ (_____ / _____)
in letters

I include a copy of bank transfer to Bluserena S.p.A.

C/C: IBAN IT 76 L 06245 15421 000000219511 BPALIT41252 – Banca Caripe Agenzia 01 Pescara.
Please, specify "Partecipazione Euring Analithical Meeting 2009" as the reason for payment.

I, the undersigned (last name and first name readable) _____
Owner of Credit card:

Mastercard American Express Visa Diner's Club

Number _____ (16 digits) expirY date ____/____/____

Allow Bluserena S.p.A. to charge the amount of

€ _____ / _____ (_____ / _____)
in letters

Signature (readable) of Owner: _____

Any change or cancellations must be sent in writing to our secretary **before 27th August 2009**. For cancellations within 27th August, the total amount will be refund. For cancellations after this date, the deposit will be retained as penalty clause (art. 15 DPR 633/1972). In case of premature interruption of journey, the total amount will be charged.

IF YOU NEED A RECEIPT PLEASE FILL HERE BELOW

AT THE END OF CONGRESS I ASK YOU TO RELEASE (choose one): receipt bill

ADDRESSED TO (choose one): ME THE FOLLOWING INSTITUTION / UNIVERSITY/ FIRM

Name _____ Address _____ City _____ Z.I.P.Code _____

Telephone _____ Fax _____

FiscalCode _____ VAT Code _____

PERSONAL EXTRAS INCLUDED NOT INCLUDED (separate receipt)

THE AMOUNT DUE (PENDING AMOUNT) WILL BE PAID TO THE CONCIERGE ON THE DAY OF DEPARTURE.

Date _____ **Signature** _____