**3rd** International Conference on Environmental Odour Monitoring and Control

NH Hotel Foro Italico - Palermo 23-26 September, 2012

|  |
| --- |
| **Hotel Reservation form**  ***(no later than July 31, 2012 and/or untill end of availability)***  **Please fill in, save, and send as e-mail attachment (infomediservice@gmail.com). Alternatively, print and send to MediService either by fax (+39 0382/554500)**  **For further information, please contact Mr. Impagliazzo: +39 338/4819436** |

Lastname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal code\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile ph. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accompanist: YES \_\_\_\_\_ - NO \_\_\_\_\_\_ Num. of accompanist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Lastname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Departure \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Night/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Please reserve for me:

##### N \_\_\_ Single room (max 1 person) N \_\_\_ One bed in double room - DUS(max 1 person)

##### N \_\_\_ Double bedded room (max 2 people) N \_\_\_ Twin bedded room (max 2 people)

##### N \_\_\_ Triple bedded room (max 3 people) N \_\_\_ four bedded room (max 4 people)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hotel description** | **X** | **Room type** | **X** | **Single room**  **Max 1 pax** | **X** | **One bed in double room max 1 pax** *(DUS)* | **X** | **Double bedded room**  **max 2 pax**  *(Double or twin)* | **X** | **Triple bedded room**  **max 3pax** | **X** | **Four bedded room**  **max 4pax** |
| **NH Hotel Foro Italico\*\*\*\*** |  | Deluxe |  | ---------------- |  | Euro 114,00  For room and for night |  | Euro 134,00  For room and for night | - | ---------------- | - | ---------------- |
| **NH Hotel Foro Italico\*\*\*\*** |  | Superior |  | ---------------- |  | Euro 104,00  For room and per night |  | Euro 124,00  For room and for night | - | ---------------- | - | ---------------- |
| **Hotel Posta \*\*\*** |  | Standard |  | ---------------- |  | Euro 70,00  For room and For night |  | Euro 70,00  For room and for night | - | ---------------- | - | ---------------- |
| **Hotel B/B** |  | - |  | Euro 50  For person and for night | - | ---------------- |  | Euro 30  For person and for night |  | Euro 28  For person and for night |  | Euro 24  For person and  for night |

##### 

**MediService S.r.l. does not collect payment from customers, but asks for your credit card with which you made ​​your booking as a guarantee for the hotel.**

**The procedure provides for payment directly to the hotel at the time of departure with a credit / debit card.**

**In case of no-show customer, non-cancellation of these, or if the cancellation is not made ​​according to the terms, it will be charged to the customer the cost of one night as a penalty.**

**Credit card details for payment:**

Card n.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cv code \_\_\_\_\_\_\_\_\_Valid from\_\_\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_\_

Lastname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_