

 Seminar INFN

 –Hotel Booking Form-

Please write in capital letters

## Personal Information

Full Name:

Address :

Tel. :

@mail:

I would like to reserve:

\_\_\_\_\_ *Double Single use (1 person) \_\_\_\_\_ Double/twin room (2 persons)*

Date of Arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_

Date of Departure \_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_

*The hotel accommodation is guaranteed to all people who send the request* ***no later than 09 May 2024****,after that date will be subject to availability at the time. The allocation of rooms will be observing the chronological order of arrival of request.*

*€\_140,00\_\_\_\_****( 1 person )*** *Double Single use per day in* ***Full board***  *(Drinks included :1/2 water + ¼ wine per person per meal) ,*

*€\_160,00****\_\_\_\_(2 persons****) Double room per day in* ***Full board***  *(Drinks included :1/2 water + ¼ wine per person per meal)*

**Not included:** Extra at the bar and Beach towels

**Deposit required to confirm booking of 2 nights stay through\*** Bank transfer or Credit card:

BNL(BancaNazionaledelLavoro)
IBAN:IT14O(letter)0100584890000000003080
Swift:BNLIITRRXXX
Payableto:SATAS.r.l.
Reason: please indicate the name of the booking and travel dates

\* **Credit Card**: I authorize S.A.T.A. Srl to charge from my credit card to confirm reservations for the meeting

🞎 Visa 🞎 Master *( we do not accept American Express/Diners Club credit cards)*

Number of Credit Card \_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/ \_\_/\_\_/\_\_/\_\_/

Date of Exipry \_\_ \_\_/\_\_ \_\_

Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature.

Please also indicate whether you need simple receipt or invoice. If you need an invoice, please indicate name and vat.n° through e-mail or upon arrival at the hotel.

**Directions: Hotel Porto conte , Località Porto Conte - 07041 Alghero (SS)**

Tel: (39) 079 – 94 20 35, email: info@hotelportoconte.com

The Alghero airport is about 12km from the Headquarters Hotel Porto Conte.

**Cancellation Policy:**

Cancellations up to 7 days before date of arrival, no fee will be charged.

Late cancellations and no –shows will be charged an amount equal to 2 (two) night’s stay.

In case of anticipated departure the total amount will be charged .

We ask you to submit this registration form by e-mail directly to Hotel Porto at : info@hotelportoconte.it

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_