

**WSMD2017**

**Workshop on Schizophrenia and other Mental Disorders**

**15th-16th June 2017, University of Pisa - Italy**

# ACCOMMODATION FORM

# To be returned before May 10th, 2017 to Asti Incentives & Congressi srl

Ph. +39 050.598808-541402 Fax: +39 050.0987825 – **rosalbalubinu@aicgroup.it**

# PERSONAL DATA

#### Last Name First Name

Permanent Address

Zipcode Town Country

Fiscal Code/Vat Number

Phone number Fax number

E-mail address

**INVOICE DETAILS**

If you need a receipt addressed to a different subject (department, university or other institution) please fill in the following section.

**PLEASE NOTE: ALL INVOICES WILL BE ISSUED BY THE ORGANIZING SECRETARIAT - ASTI INCENTIVES AND CONGRESSI SRL**

#### Company

#### Address Zipcode Town Country Fiscal Code/Vat Number

**HOTELS (CITY TAX NOT INCLUDED): BREAKFAST INCLUDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hotel** | **DUS room rate** | **DBL room rate** | **distance from Congress Venue** | **distance from City Centre** |
| 5 stars hotel (shuttle provided) |
| **ABITALIA TOWER PLAZA** | € 152,00 | € 185,00 | 3,7 km | 2,7 km |
| 4 stars hotel (no shuttle provided) |
| **GRAND HOTEL DUOMO** | € 110,00 | € 130,00 | 1,1 km | In town |

**PISA CITY TAX**

According to the City Council resolution N° 56 of December 21st 2011, since 1st March 2012 Pisa introduced a **CITY TAX**, applied to NON residents overnight staying, for a maximum of 3 consecutive nights during the low season and for a maximum of 5 consecutive nights during the high season. The tourism tax for 4\* hotel is € 2,00 per night per person, for 3\* hotel is € 1,50 per night per person to be paid at the check-out.

**PLEASE NOTE**

* + All rates are in Euros, per room per night and include overnight and breakfast;
	+ Rooms will be allocated on a first come, first served basis;
	+ One night deposit **(not refundable taxes)** will be request upon booking confirmation; balance will be requested before the arrival date
	+ No reservation will be guaranteed for requests arrived after **May 10th, 2017.** After this date availability will be on request;
	+ A confirmation will be sent to all participants by AIC. srl two weeks before the beginning of the Congress;

**CANCELLATION POLICY**

* + - Any change or cancellation must be sent in written to AIC srl (fax +39 050 0987825 // e-mail rosalbalubinu@aicgroup.it):

 Within **May 10th, 2017:** the first night deposit will be refunded

 After **May 10th, 2017:** no refund

 **No show**: reservations will be automatically cancelled and the total amount paid won’t be refunded

**HOTEL**

Hotel (1°choice) Hotel (2°choice)

Arrival date:

Departure date:

Total nights:

Room type □ DUS double use single □ DBL double room with

□ TWN twin room with

**Amounts due**

#### Total amount € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First night deposit € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**METHOD OF PAYMENT**

I hereby authorize AIC srl to charge € (first night deposit) on my credit card

I hereby authorize AIC srl to charge € (balance) on my credit card **[June 1st 2017]**

□VISA □ MASTERCARD

Card Number Exp. Date CVC**\*** Cardholder

Signature

**\*** CVC code: 3 reference number behind your credit card

I hereby attach copy of bank transfer of € (first night deposit)

I hereby attach copy of bank transfer of € (balance) **[Before June 1st 2017]**

#### Addressed to:

Asti Incentives & Congressi srl – c/o Monte dei Paschi di Siena, Ag. 1 Pisa C/C IBAN IT95D0103014000000002084433

Reference: WSMD2017 + name and surname

*I hereby authorize ASTI Incentives & Congressi srl to the treatment of my personal data for all the aims*

 *related with the above mentioned congress and according to the law D.Lgs. 196/2003*

#### Date Signature