10th International Congress on Combustion by-Products and their Health Effects

Hotel Continental Terme, Ischia (NA), Italy
June 17 – 20, 2007

HOTEL ACCOMMODATION FORM

Please fill in (complete in block capitals) and return to:
MCM Eventi e Congressi – Rione Sirignano 5 – 80121 NAPOLI (Italy)
Ph. +39 081 668774 – 7611085 Fax +39 081 664372
e-mail: mcm@mcmcongressi.it
by April 16th, 2007

PARTICIPANT

Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Male ☐ Female ☐

Fiscal code or VAT n. .....

FAMILY NAME FIRST NAME MIDDLE

AFFILIATION

ADDRESS

POST CODE CITY COUNTRY

FAX PH. E-MAIL

All reservations will be made on a first come, first served basis. In the event your request is no more available, the organizing secretariat will provide you with a different accommodation and will notify you the change immediately.
Hotel rates are per room, per night and include tax and breakfast.
In order to reserve the Hotel it is necessary to pay the whole amount in advance. Reservations will be confirmed only after payment has been received.

Please select your choice:

		Double single occupancy	Double
Hotel Continental Terme	**(4 stars)**	€ 120,00 ☐	€ 160,00 ☐
Hotel Annabelle	**(3 stars)**	€ 85,00 ☐	€ 120,00 ☐

n° of nights..... Arrival date ..... Departure date.....

Late arrival (after 6 p.m.) ☐

Total amount of the Hotel stay € _____

PAYMENT

All payment must be made in € (Euro) and made out to: MCM Eventi e Congressi.

☐ Bank Transfer (Euro _____) to "MCM Congressi"

Bank: Banca Intesa BCI, Agency 557, via Chiaia, 100 – 80121 Napoli (Italy)

Account #: 109596/81 ABI code: B 03069 CAB code: 03535 SWIFT-code: BCITITMM958

IBAN code: IT77B0306903535000010959681

Please indicate your full name on all money transfer and specify PIC2007. Certification of payment made by Bank Transfer must be mailed or faxed with this form. Please note that all bank charges must be covered by the sender.

☐ Credit card Please charge the amount of Euro _____ from my ☐ Mastercard ☐ Visa

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration date:_____ Cardholder (if different)_____

Date:_____ Signature:_____

INVOICING

The invoice for the Hotel accommodation expenses will be released to the subject indicated above. In case invoice should be named and addressed to another subject please indicate it below:

_____

_____

CANCELLATIONS AND REFUND

Cancellations received before April 30th will be refunded in full less € 50,00.
Cancellations received after April 30th and by June 6th will be refunded less the amount corresponding to the first night Hotel accommodation requested.
After June 6th no refund will be possible.
All refunds will be processed after the end of the conference.

Following the provision of Italian Law 196/2003 the organizers wish to inform you that the personal data provided in this form will be used exclusively for information about the event mentioned in this form.

Date_____Signature_____