

HOTEL RESERVATION CARD
MERCURE HOTEL VILLA ROMANAZZI CARDUCCI

INTERNATIONAL CONFERENCE ON "STRANGENESS IN QUARK MATTER (SQM 2019)"
Bari, 10-15 June 2019

TO BE SENT TO THE HOTEL RESERVATION DEPARTMENT WITHIN 31/3/2019

Please fill in one form for each room

Email booking@villaromanazzi.com or fax +39 080 5560297

FAMILY NAME FIRST NAME

CHECK IN DATE CHECK OUT DATE.....

NUMBER OF NIGHTS.....

Telephone number Fax number.....

Expected arrival time Flight/Train number.....

**RATES VALID FOR RESERVATIONS MADE WITHIN 31/3/2019– AFTER THIS DEADLINE THE HOTEL
CAN DENY THE APPLICATION OF THOSE SPECIAL PRICES**

ROOM (cross the square corresponding to the requested room)

- Single room (single bed) (daily rate €114,00)
- Double room for single use (daily rate €129,00)
- Double/twin room (daily rate €153,00)
- Triple room (daily rate €180,00)

Included in room rate: buffet breakfast, wi-fi internet.

TO GUARANTEE THE RESERVATION

(cross the square corresponding to the given guarantee)

- I give the following credit card details

Type of card number..... expir.

Card holder

IF YOU WANT TO GUARANTEE THE RESERVATION BY CREDIT CARD PLEASE FILL IN THE
ENCLOSED AUTHORIZATION (on the second page).

- I make a bank transfer equivalent to the first night amount WITHIN 31/3/2019 to
TOUREXP S.R.L. - VIA G. CAPRUZZI, 326 - 70124 BARI
BANCO DI NAPOLI
SEDE DI BARI
IBAN: IT59N0101004015100000070305
BIC: IBSPITNA

As the bank transfer has been made please send us copy of the payment advice to
booking@villaromanazzi.com / or fax +39 080 5560297

CANCELLATION POLICY:

no penalty for cancellations communicated within 15/4/2019. Tardy cancellations will involve a penalty equivalent to the first night amount.

DATE.....

SIGNATURE.....

I DO AUTHORIZE THE HOTEL TO INFORM THE MEETING ORGANIZATION ABOUT MY RESERVATION.

**IMPORTANT: RESERVATIONS WILL BE ACCEPTED UPON AVAILABILITY ACCORDING TO
THE CHRONOLOGICAL ORDER OF RECEIPT**

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IN CASE OF TARDY CANCELLATION OR NO SHOW I DO AUTHORIZE THE HOTEL TO CHARGE THE DUE PENALTY , EQUAL TO THE FIRST NIGHT AMOUNT, ON THE FOLLOWING CREDIT CARD

Type of card number..... expir.

Card holder

Signature

Date