

Conference AIOM 2018 September 14th - 16th, 2018

HOTEL RESERVATION FORM

To be sent via fax or email to:

Hotel Continental - Via M. Mazzella, 88 - 80077 ISCHIA (NA) Italy

Fax: 0039 081 3336276 - E-mail: booking@hotelcontinentalischia.it

Surname		First name	
Phone	Fax		Company's VAT nr.
e-mail			
		I would like to r	eserve
Date of arrival		_ Date of departure	Number of nights
	TES per day (lodging	-	line: July 15, 2018 Internet Wi-Fi, taxes 10% VAT Included) I – to be paid at the hotel on departure
1 person – bed and breakfast		110,00 EUR	
2 people – bed and breakfast		150,00 EUR	
		METHOD OF PAYME	ENT
By Credit Card:	payment will be due Mastercard	at the check out Visa AMEX	Other (please specify)
Card number		E	xpiration Date
CVVCode			
In case of cancellat	ion, I agree to be cha	rged 1 night for cancell	ation after July 15 th , 2018 or in case of no show
Date		Signature	
by bank transfe	er - IBAN CODE IT 79 I	M 03111 39930 000000	is due, on confirmation by the Hotel Continental, 010518 – SWIFF Code BLOPIT22 of the bank transfer statement. Balance of payment is