Please fax this page to Cogest M&C fax number: +39045597265

ESHO 2009 Meeting
HOTEL RESERVATION FORM (Please complete using block letters)

Surname _____ First Name _____

Please complete:

Category 3*	N°_____	Single room	MIN/MAX € 89,00/99,00
Category 3*	N°_____	Double as single room	MIN/MAX € 90,00/115,00
Category 3*	N°_____	Double room	MIN/MAX € 110,00/129,00
Category 4*	N°_____	Single room	MIN/MAX € 105,00/115,00
Category 4*	N°_____	Double as single room	MIN/MAX € 113,00/145,00
Category 4*	N°_____	Double room	MIN/MAX € 128,00/165,00

Rates are intended per room, per night, breakfast and VAT included – The hotel accommodation charge will be invoiced directly by the hotel

Date of arrival: _____ Estimated time of arrival: _____

Date of departure: _____ Number of nights: _____

Please COMPLETE as guarantee for the hotel and for the payment of booking fees (€ 13,00):

Credit card: ☐ AMERICAN EXPRESS, ☐ DINERS, ☐ VISA, ☐ MASTERCARD/EUROCARD;

Expiration Date ☐☐/☐☐ No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CVV Code ☐☐☐ (the last 3 numbers on the back side of the credit card); the CVV is not requested if the credit card is AMERICAN EXPRESS or DINERS)

Cardholder's name _____

☐ **I authorize Cogest M&C BUSINESS & TRAVEL to charge my credit card with € 13,00 as booking fees and the hotel to charge the entire amount in case of no-show**

Date _____ Signature _____

HEADING OF THE INVOICE FOR BOOKING FEES (and possible no-show):

Surname /First Name - Institution_____

Street _____ Zip Code _____ City _____

Fiscal code/VAT number (required)_____

Cancellation Policy:

- Notification of cancellation by April 20th 2009: € 13,00 (VAT included) will be held only as booking fees
- In case of cancellation from April 21st 2009: € 13,00 (VAT included) as booking fees and the amount of one night stay will be held
- In case of no-show: the entire amount and booking fees (€ 13,00) will be held

PRIVACY:

☐ I authorize the treatment of my personal data to the senses of the Leg. Decree 196/2003 on the privacy. **The data will not be spread or communicated to different subjects than the ones competent for the performance of the requested services.**

Date _____ Signature _____

☐ I authorize the treatment of my registry data for the sending of informative material about CME events and meetings organized by COGEST M&C. Cogest M&C declares that the data will not be transmitted to third-parties.

Date _____ Signature _____

Informative to the senses of the Art. 13 of the D. Leg. 196/2003.
The personal data will be treated for the purposes of secretary operations concerning the enrolment to the Meeting and for the connected services (CME credits). The authorization to the treatment of your data is compulsory, without which we will not be able to proceed with enrolment operations. Respect to this, the rights ratified by the Art. 7 of the legislative decree 196/2003 are guaranteed. The data will be exclusively communicated to Regione Veneto for the CME practice and absolutely not disclosed to any commercial company. Responsible for the data's treatment is Cogest M.&C. Ltd. – Vic. S. Silvestro n. 6, 37122 Verona (Italy).