

FLAVOUR CHANGING AND CONSERVING PROCESSES (FCCP15)

HOTEL RESERVATION FORM

To be filled in capital letters and sent to STUDIOCONGRESS by e-mail (postmaster@studiocongress.it)
or by fax +39 081 18891224 by **July 3rd** 2015

Family Name _____ First Name _____

Address _____ Post Code _____

City _____ Country _____

Phone _____ Fax _____ Mobile _____

E-mail _____

(Incomplete or incorrect forms will not be accepted)

Please book nr _____ **DOUBLE Room single occupancy** **DOUBLE Room**

From September _____ To September _____ For a total of _____ nights

HOTEL REQUESTED (please, choose 2 hotels from the following list)

1. _____

2. _____

HOTEL	STARS	LOCATION	DOUBLE SINGLE OCC.	DOUBLE
BIANCAMARIA www.biancamaria.com Via Orlandi, 54	3	Anacapri	€ 140.00	€ 170.00
BELLAVISTA www.bellavistacapri.com Via Orlandi, 10	3	Anacapri	€ 140.00	€ 165.00
LA BOUGAINVILLE www.hlb.it Viale Tommaso de Tommaso, 6	3	Anacapri	€ 130.00	€ 160.00
IL GIRASOLE www.ilgirasole.com Via Linciano, 47	3	Anacapri	€ 100.00	€ 125.00
VILLA EVA www.villaeva.com Via La fabbrica, 8	Guest House	Anacapri	€ 100.00	€ 150.00

September in CAPRI is a peak tourism month so we strongly advise all participants to book hotels as soon as possible.

Payment for accommodation and tourist levy will be settled directly at the hotel

CANCELLATIONS and PENALTIES

- For cancellations within **July 25th** : NO PENALTY
- After this date, In case of late cancellation or no show, your credit card will be charged with the amount of 1 night.

Cancellations and/or changes shall be made by

- e-mail : postmaster@studiocongress.it
- fax +39 (081 18891224).

Please do verify the reception of your message.

PAYMENT METHOD: Payments will be settled directly at the hotel

Your credit card details are needed in order to guarantee your reservation.

Cardholder _____

Credit card VISA MASTERCARD AMERICAN EXPRESS

Nr. _____ Expiry date _____

Signature _____

Pursuant to Article 13 of the legislative decree 196/2003 and successive amendments, I hereby express my consent to the processing of my personal data by Studio Congressi for the following purposes: Meeting Organisation.

I also confirm that I accept the cancellation policy.

Date

Signature

FLAVOUR CHANGING AND CONSERVING PROCESSES (FCCP15)

REGISTRATION FORM

Please, fill the registration form.

FISCAL DATA FOR INVOICE

Invoice Heading _____

Address _____

Post code _____ City _____ Country _____

VAT o Codice Fiscale (Only for Italian Companies/Persons) _____

A registration fee of

€ 250.00

€ 80.00 (accompanying person)

is requested to participants and should be paid to the Conference secretariat.

The registration fee can be paid in two ways **not later than 30th June**:

- Bank transfer via IBAN: **IT14B0200803466000103134213, SWIFT UNCRITM1G40** to: **STUDIOCONGRESS**, specifying as reason for payment: "Participation in FCCP2015" (indicate the name of the participant).

Please, send a copy of the transfer to postmaster@studiocongress.it

- Credit card (VISA or Mastercard; no American Express):

CREDIT CARD VISA MASTERCARD

Nr. _____

Cardholder _____

Expiry date _____ / _____ security code _____

Signature _____

I authorize the payment of

€ 250.00

€ 80.00 (accompanying person)

as registration fee

A receipt of payment will be provided by the agency Studiocongress to all participants.