



HOTEL CONTINENTAL TERME

“Feeding the Giants: ELTs in the era of Surveys”

August 28 – September 2, 2011

HOTEL RESERVATION FORM

To be sent via fax or email to:

Hotel Continental Terme - Via M. Mazzella, 74 - 80077 ISCHIA (NA), Italy

Fax: 0039 0813336276 – E-mail: booking@continentalterme.it

Surname _____ First name _____

Company/Institution _____

Address _____

Town, inc. Zip Code _____ Country _____

e-mail _____

I WOULD LIKE TO RESERVE

Date of arrival _____ Date of departure _____ Number of nights _____

Nr. Double rooms _____ Nr. Double room used as single _____

Name of the other workshop participant if you share a double room: _____

With Breakfast Half-board Full-board

Hotel reservation deadline: July 29, 2011

RATES per room per day (lodging, treatment, taxes 10% VAT Included)

	Breakfast	Half-board	Full-board
Double room used as single (1 person)	100,00 EUR	130,00 EUR	155,00 EUR
Double room (2 persons)	140,00 EUR	200,00 EUR	250,00 EUR

Food preferences (if you have):

Vegetarian Vegan Allergies

Specify for allergies (celiac disease, etc.):

METHOD OF PAYMENT

By Credit Card: payment will be due at the time of check-out.

Carta SI Mastercard Visa AMEX Other (please specify) _____
Card number _____ Expiration Date _____
CVV Code _____

In case of cancellation, I agree to be charged 30% of hotel stay for cancellation after August 22, 2011, or in case of no show.

Date _____ Signature _____

Without credit card *

It will require a **deposit of 30% of the entire stay** upon confirmation of the booking by **bank transfer** at:
Continental Baths at the Banca Popolare di Ancona: IBAN CODE IT 47 N 05 308 39 930 000 000 010 518 (for easiness of
accounting verification please send by fax to 0813336276 a copy of the report), **which will not be refunded if cancellation
occurs after August 22, 2011 or in case of no-show.** The entire balance will be due at the time of check-out.