



DSN 2025

June 23 – 26, 2025

Conference Hotel (Royal Continental)

ACCOMODATION FORM

First Name: _____ Last Name: _____ C.F. _____
(only for Italian citizens)

Address: _____ City: _____ State/Province: _____

Country: _____ Postal code: _____

Phone: _____ e-mail: _____

Double classic room, single occupancy € 179,00 / night ☐

Double classic room € 199,00 / night ☐

Double plus room (partial sea view), single occupancy € 189,00 / night ☐

Double plus room (partial sea view) € 209,00 / night ☐

Double superior room (sea view), single occupancy € 209,00 / night ☐

Double superior room (sea view) € 229,00 / night ☐

Costs include VAT and buffet breakfast. Services include rooftop swimming pool, solarium, 24h fitness center, and wi-fi.

City tax (to be paid at the hotel): € 4,50 / night

Arrival Date: _____ **Departure Date:** _____

In case of double room, shared with (name, last name): _____

Check-in / Check-out times: Check In Time: 3 p.m. - Check Out Time: 10 a.m.

If the room is not freed within the check-out time, 50% of the cost of 1 night will be charged by the hotel.

Payment deadline and details: payment details will be sent to your email upon verification of the availability. **The total amount is due at latest by May 10th, 2025.** If the payment is not received by this date, the reservation is considered cancelled.

Rates and dates guarantee: the above rates and payment deadline are guaranteed only for the conference dates, with earliest check-in on June 23 and latest check-out on June 26. Dates outside of this range are subject to availability, they might have a different cost (being out of the conference agreement) and must be paid at the moment of reservation.



Hotel cancellation policy: All refund/cancellation requests must be received by writing to the contact below by May 10th, 2025. An administrative fee of 10% will be applied on cancelled reservations. In case of cancellation after the payment deadline of May 10th, 2025, and in case of no show or early leave, no refund is foreseen.

Please, sign and send this form to:

Vincenzo Carrozza

e-mail: nabilia@iviaggidinabilia.it

cc-ed to: dsn2025@critiware.com

Consider the reservation succeeded when a confirmation email from Nabilia Viaggi s.a.s. is received with the link to proceed with the payment.

DECLARATION - Your signature is mandatory in order to process your hotel booking. According to art. 13/Law 196/2003, Nabilia Viaggi s.a.s is authorized to use your personal data for purposes connected to the hotel reservation. You also declare to have understood the cancellation, payment deadline and refund conditions for the reservation as specified in this document.

Signature

Data for invoice (only if different from the physical person)

Company Name _____ VAT number _____

Address _____ City _____ State/Province _____

Country _____ Postal code _____

e-mail _____

Travel agency contatos:
Nabilia Viaggi s.a.s.
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+39 081 7767730
e-mail: nabilia@iviaggidinabilia.it