Hotel Cetus Registration/Accommodation form

Please send this form to:

e-mail: info@hotelcetus.com OR fax: + 39 089 261388

Giv	en name/Last name		
Sal	lutation (Prof/Dr/Mr/Ms/Miss)		
Ins	titution		
Ado	dress		
Pos	stal Code	City	Country
<u>+</u> Tel		<u>+</u>	
Tel		Fax	
e-n	nail		
□ but	Single accommodation (€ 20. single use, breakfast 5 and 6 March.		de: 2 nights (4 and 5 March) in a double room breaks)
	☐ Additional nights (on request. I	NOTICE: price may vary from ab	ove). Dates:
	☐ Additional guest(s) (on request	. NOTICE: price may vary from a	bove). Name(s):
□ Ma	Double accommodation (€ rch) in a double room, breakfast 5 ar		om. This cost will include: 2 nights (4 and 5 nd 3 coffee breaks)
	Name of person sharing room (op	tional; if not indicated, then please	e indicate your gender, as a roommate of the
	same gender will be selected from	m among other participants):	
	☐ Additional nights (on request. NOTICE: both guests must stay; price may vary from above). Dates:		
	NO sleeping registration (€ 80), including Tuesday light lunch a	nd 3 coffee breaks)
	Monday dinner (€ 40)		
	Gala dinner on Tuesday nigh	t (€ 60)	
Cre	edit card data:		
Name on the credit card		Card type (VISA, Mas	sterCard, American Express).
Credit card number		Expiration date	
CVV2/CVC2 code		 Signature	

Cancellation policy: before Jan 1st no charge; between Jan 1st and Jan 31st the charge will be € 100; after Feb 1st we will charge the complete amount.