

Hotel Accommodation Form INTERCEPT 2015 Milan, April 9th – 11th 2015

Please complete this form and sent it early. First come – first served

LAST NAME:	FIRST NAME(S):	
ADDRESS:	POSTCODE:	
CITY:	COUNTRY:	
TEL:	MOBILE :	
FAX:	E-MAIL:	
	04/2015 04/2015	
Double Use Single Room ☐ Double Room ☐ ☐ Twin beds ☐ Double bed (please underline your preference)		
ACCOMPANYING PERSON DETAILS	S :	
First Name(s)		
Last Name		
Total Number of Nights:		
METHOD OF BOOKING Hotel bookings requests can be made only by returning this form by mail to Hotel Michelangelo and Easy Congress gruppi.michelangelo@milanhotel.it; biancamaria.proli@easycongress.net - by March, 20 th - 2015. Hotel booking requests made by phone will not be accepted.		



Please tick $\sqrt{}$ room preference

HOTEL	DUS	DOUBLE
HOTEL MICHELANGELO****	€ 140.00	€ 160.00

□ VISA

Accommodation requests received after March, 20- 2015 will be processed according to room availability. Prices include room, breakfast and VAT. These prices are exclusive to Easy Congress SRL.

CITY TAX: € 5,00 p.p.f.d

CANCELLATION POLICY

In the event of cancellation (less than 48 hours before the event) or no-show, the first night of accommodation will be withdrawn from the credit card stated on the booking form. The credit card will be held only as a form of guarantee for the room booking, and no money will be withdrawn from the card, unless in cases as described above. Alternatively, it is possible to proceed with a pre-payment*; the Hotel will withdraw from the credit card the entire amount for the whole stay.

☐ MASTERCARD

METHOD OF PAYMENT

Credit Card:

Card number	CIN
Expiry date/	
Name of Cardholder	
I have read and understand/accept and Hotel Michelangelo as stated abo	the terms and conditions of Easy Congress SRL ove.
Date	_Signature
	_Signaturee entire amount for the whole stay from the credit