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| **ICMART 2022** | **Sede del Congresso**:  **Savoia Hotel Regency**  **Via del Pilastro 2 - Bologna**  **Tel.: 051 3767777**  [**regency@savoia.eu**](mailto:regency@savoia.eu) |

**CONGRESS 14-15-16.10.22**

**HOTEL BOOKING FORM**

**All bookings are to be made by 10June 2022**

**Any booking requests received after the above date will be subject to availability**

**Last Name ……………………………. First Name ……………………………………**

**Phone Number ……………………….. Fax Number ………………………………….**

**Email ……………………………..@..............................................**

**Hotel rates**

|  |  |  |
| --- | --- | --- |
| **Hotel** | **Double Room single use** | **Dobule Room** |
| **Savoia Regency Hotel** [**regency@savoia.eu**](mailto:regency@savoia.eu) | € 140 | € 180 |
| **Savoia Hotel Country House (50 meters away from main Hotel)** [**coutryhouse@savoia.eu**](mailto:coutryhouse@savoia.eu) | € 140 | € 180 |
| **The Sydney Hotel -Via Michelino (1km away from main Hotel)**  [**booking@thesydneyhotel.eu**](mailto:booking@thesydneyhotel.eu) |  |  |

The above rates are per night per room and include breakfast and taxes. The local City Tax is not included in the above rates.

**Please email Your hotel of choice directly**

Hotel: …………………………….

Number of rooms (single use): …………… (double use): …………….

Arrival Date: \_\_\_/\_\_\_/\_\_\_\_ Departure Date: \_\_\_/\_\_\_/\_\_\_\_ Number of nights : \_\_\_

**Payment Method:**

(\_) **Credit Card** **(\_) Visa (\_) Mastercard**

**Credit Card Numbers: (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_) (\_\_)**

**Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expiry Date: (\_\_) (\_\_) / (\_\_) (\_\_) Total for the stay: € \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All invoices for the stay will be issued by the individual hotels upon departure**

Check In time is 02:00 pm on the day of arrival, while Check – Out time is 11:00 am on the day of departure. All extras charges are to be settled directly by the guest(s) upon departure from the hotel.

Upon confirmation, I authorize the full amount due for the stay to be charged - the reservation is guaranteed with a penalty equal to the full amount of the stay in case of cancellation made less than 7 days from the date of arrival

Please note that Pay Post - Visa Electron - rechargeable cards are not accepted

I understand that by completing the above form I hereby acknowledge and accept all of its terms and conditions in full

Signature Date