



**HOTEL  
RESERVATION  
FORM**

Please fill it and return to **MED congress**: e-mail **info@medcongress.it** · fax n°+39 0244386077

**PARTICIPANT** (Please use CAPITAL letters)

Family name \_\_\_\_\_

First name \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Tax identification/VAT number \_\_\_\_\_

E-mail \_\_\_\_\_

Please book n° \_\_\_\_\_ room/s at :

- NH MILANO 2\*\*\*\*** Double room (single use) rate: € 120,00 B/B VAT included  
Double room rate: € 140,00 B/B VAT included
- HOTEL RAFAEL \*\*\*** Double room (single use) rate: € 130,00 B/B VAT included  
Double room rate: € 145,00 B/B VAT included

Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ Total n. of nights \_\_\_\_\_

Rates are per room per night, breakfast and VAT tax included. 20,00 € (VAT 22% included) reservation fee will be charged per room booked.  
Please note that MILAN CITY TAX will be requested upon check out in addition to the hotel bill.



## PAYMENT METHOD

### BY CREDIT CARD

I authorize to charge the following credit card to pay my hotel reservation for the congress TOGETHER VT :

Visa                       Mastercard/Eurocard                       American Express

Card no. \_\_\_\_\_ Security code / ccv2\* \_\_\_\_\_

Expiry date \_\_\_\_\_ Cardholder's name \_\_\_\_\_

Signature \_\_\_\_\_

\* Security code/ccv2: last three figures appearing on the back of the card, in the signature space

MED congress will issue an invoice for the charged amount.

## CANCELLATION POLICY

Any change or cancellation of the hotel reservation must be sent in written to MED congress, that reserves the right to charge on the given credit card the following cancellation fees:

- **Before 30th April 2019:** only reservation fee (€ 20,00) will be kept.  
The remaining amount already paid will be refunded.
- **Before 30th May 2019:** one night accomodation+reservation fee (€ 20,00) will be kept.  
The remaining amount already paid will be refunded.
- **From 31st May 2019:** 100% of the foreseen total amount will be kept.
- **No show** (cancellation within 48 hours from check-in date): 100% of the foreseen total amount.

All refunds will be made after the congress.

**I agree that in case of cancellation MED congress may charge the amounts as described above.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

### PURSUANT INFORMATIONS ON LAW 196/2003 (privacy for Italian citizens)

MED congress Srls, as data controller and /or processor, informs you that any personal data you provide, or any data received by third parties, will be used in connection to your participation to the congress and / or to provide you with information regarding any compatible activities organized by MED congress . Data treatment shall mean any operation, or set of operations, carried out with or without the help of electronic or automated means, and must guarantee the confidentiality and security of your personal data. MED congress as data controller and / or processor may avail itself to carry out any of the following procedures press releases, communications to clients, data processing and computer-based consultation. The data can be communicated to scientific associations, relative public or private agencies related to CME, financial and banking intermediaries, as well as companies participating in the congress with promotional functions compatible with the purposes for which the data has been collected. The provision of your personal data is voluntary, but refusal will prevent your participation to the congress. Under section 7 of the Legislative Decree no. 196 of 30 June 2003 you have the right to object to the processing of your personal data for the purposes relevant to the collection, for purposes of sending advertising materials or direct selling or else for the performance of market or commercial communication surveys. Any requests can be addressed to : MED congress Srls, Via M. Toninelli, 21, 26854 Pieve Fissiraga (LO), Italy.

**I authorize the treatment and communication of my personal data as described above.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

