



ACCOMMODATION FORM LOC & IOC

Please fill in the form and send to: soft2018@lisciotto.it no later than May 7th

FIRST NAME

LAST NAME

ID Registration Code

ORGANISATION-INSTITUTION

COUNTRY

TELEPHONE:.....

E-MAIL

	Hotels	Cat.	Double room single use	Double room	Triple room
1	AtaHotel Naxos Beach	****	€ 97,00	€ 130,00	€ 195,00

All rates indicated are per room, per night, VAT and breakfast included. **Minimum stay 5 nights***.
 To confirm accommodation, payment for the whole stay is required.
 N. B. Check-in h.02:00 pm, check-out h 10:00 am ;

Date of arrival: _____, September '18; **Date of departure:** _____, September '18;

Room type:

DUS (Double single use) € 97,00 x N° _____ Nights* = € _____,00

double room € 130,00 x N° _____ Nights* = € _____,00

triple € 195,00 x N° _____ Nights* = € _____,00

Special request: _____



INVOICE DETAILS:

Company Name or Personal Data: _____

Address : _____

City: _____ **County** _____

Zip code: _____ **State:** _____

VAT number / Identification Fiscal Code: _____

METHOD OF PAYMENT:

Bank Transfer to: LISCIOTTO TURISMO

Bank: MONTE DEI PASCHI DI SIENA - AG. ME- VIA T. CANNIZZARO,100

IBAN: IT 78 U 01030 16500 00000 2668481

SWIFT: PASCITMMES

Reason for payment: Accommodation Hotel ATA NAXOS BEACH + Participant Name and Surname.

Please send the copy of the bank transfer attached with the present form to: soft2018@lisciotto.it , otherwise your accommodation won't be effective. Fees must be received free of any bank charges.

Credit card:

(Will be processed and involve a commission for the transaction for the 3% of the total amount)

Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD			
Credit Card nr.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(CVC) <input type="text"/>
Expiration Date	_____				
Card holder (as written in the credit card)	_____				
<i>I hereby authorize the use of my Credit Card to be charged for the total amount of my accommodation and my signature below confirms my knowledge and acceptance of fees, terms, and policies of cancellation.</i>					
Date	Signature _____				

*** CANCELLATION POLICY:**

HOTEL cancellation policy, email to: soft2018@lisciotto.it

For cancellation within April, 30 2018: refund of the total stay, less 1 night

From May 1st, to July, 10: 30% refund of the total stay

From July 11 to August, 31: 10% refund of the total stay

From September 1st: no refund

PRIVACY

I authorize the processing of my personal data pursuant to the Decree Law. N ° 196/2003 for the sole purpose of this event.

Also I declare that I am aware of and accept the payment and cancellation conditions indicated in this form

Date _____

Signature _____