ACCOMMODATION RESERVATION



Please send as soon as possible and no later than 10 May 2014 to:

(After 10 May 2014 we can no longer guarantee a reservation at the Hotel Village Baia Samuele)

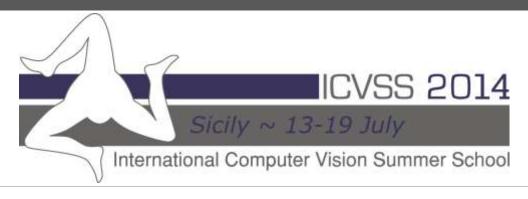
iGV Club BAIA SAMUELE HOTEL VILLAGGIO Centro Congressi Punta Sampieri 97018 Scicli (Ragusa)

Tel.: +39 0932 848111 e-mail: icvss@igrandiviaggi.it

	9 0 9 3 2 0 + 0 1 1 1	ii icvss@igiaii	
Personal Data			
First name	Last Name		Gender (M/F):
Institution			
City	Zip code	Country	
Telephone	Fax		
EMAIL (CAPITAL LETTERS	S):		
Please reserve (no other cor	mbination are allowed for discounted	rates):	
	from 13 (in) to 19 (out) + Breakfast -		(€ 780,00 pax)
	from 13 (in) to 19 (out) + Breakfast		(€ 650,00 pax)
	om 13 (in) to 19 (out) + Breakfast +		(€ 550,00 pax)
	ige from 13 (in) to 19 (out) + Breakfa		(€ 425,00 pax)
The double/triple/quadruple	e room is shared with: e/Triple/quadruple" in this field, Baia		
Please type in print block Name – Surname Company Adress	er you want the invoice or rece	invoice	
City	Zip Code	Country	
VAT			
sent for the reserva 6 jun 2014. Cancellat	al amount pax . In case of wird tion. The total amount about y ion policy is attached at this n send an email to Baia s e-mail: <u>icvss@igran</u> n on your reservation will be sent	your reservation sl nodule. For any fui Samuele Staff <u>ndiviaggi.it</u>	nould be played before ther information please
PAYMENT DETAILS: (bank	c charges must be paid by yourself)		
Beneficiary: iGRANDI VIAG BeneficiaryAddress: Via M Bank: BANCA POPOLARE D Bank Address: Via Turati,		A: 09824790159 IBAN: IT 56 Q 05584 SWIFT CODE/ BIC:	01610 000000013235

By signing this form you are informed on the Law n.675 Dec 31, 1999 concerning the "personal data processing" in particular as concerns the articles 10,20,24,28 – I authorize ICVSS 2013 SCHOOL COMMITTEE, until written revocation, to process ad divulge my personal data within the limit of the above mentioned law and in accordance with the procedure laid down bye the law. I give my authorization providing that ICVSS 2014 SCHOOL COMMITTEE complies with the regulation in force.

ACCOMMODATION RESERVATION



PAYMENTS WITH CREDIT CARD			
Cardholder's name:	, as owner,		
I authorize the company iGRANDI VIAGGI, to change my credit	card:		
Type: Visa, American Express, Mastercard			
(Attention: The UNION PAY CARD is NOT accept)			
Card number:			
Security number (CVV2 code):			
expires for the amount of ϵ			
in charge of the practice nr cofirmed on			
STAMP and SIGNATURE	DATE		
REFERENCE/CAUSAL (ICVSS 2014 / NAME AND SURNAME)			
Position of the security code of the credit card (CVV2 code)			
VISA e MASTERCARD (3 cifre sul retro della carta per)	AMERICAN EXPRESS (4 cifre sulla parte anteriore della carta)		
1234 5678 9012 345 123 Card ID	1234 567890 1233 Card ID		

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CANCELLATION POLICY FOR RESERVATIONS CUSTOMERS

10% from 30 to 16 day before the arrival

30% from 15 to 7 day before the arrival

100% from 6 to 1 day before the arrival

BANK ACCOUNT

Beneficiary: iGRANDI VIAGGI SpA

Beneficiary Adress: Via Moscova 36- 20121 Milano

VAT/IVA: 09824790159

Bank: BANCA POPOLARE DI MILANO AG. 10 Milano

Adress bank: Via Turati, 26 - 20121 Milano

IBAN: IT56Q0558401610000000013235

Swift code/BIC: BPMIITMMXXX

REFERENCE/CASUAL ICVSS 2014 - YOUR NAME AND SURNAME