

## ACCOMMODATION RESERVATION



# ICVSS 2014

Sicily ~ 13-19 July

International Computer Vision Summer School

**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 BAIAM SAMUELE HOTEL VILLAGGIO Centro Congressi  
Punta Sampieri 97018 Scicli (Ragusa)  
Tel.: +39 0932 848111 **e-mail: [icvss@igrandiviaggi.it](mailto:icvss@igrandiviaggi.it)**

<b>Personal Data</b>		
First name	Last Name	Gender (M/F):
Institution		
City	Zip code	Country
Telephone	Fax	
<b>EMAIL (CAPITAL LETTERS):</b>		
Please reserve (no other combination are allowed for discounted rates):		
<input type="checkbox"/> Single Room in Village from 13 (in) to 19 (out) + Breakfast + Lunch + Dinner	(€ 780,00 pax)	
<input type="checkbox"/> Double Room in Village from 13 (in) to 19 (out) + Breakfast + Lunch + Dinner	(€ 650,00 pax)	
<input type="checkbox"/> Triple Room in Village from 13 (in) to 19 (out) + Breakfast + Lunch + Dinner	(€ 550,00 pax)	
<input type="checkbox"/> Quadruple Room in Village from 13 (in) to 19 (out) + Breakfast + Lunch + Dinner	(€ 425,00 pax)	
The double/triple/quadruple room is shared with:		
If you mark just "YES Double/Triple/quadruple" in this field, Baia Samuele Staff will find some Students interested in.		
<b>Please specify whether you want the invoice or receipt</b> <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt Please type in print block the detailed data and not of the invoice		
Name - Surname _____		
Company _____		
Address _____		
City _____	Zip Code _____	Country _____
VAT _____		
<b>Deposit is 30% of total amount pax . In case of wire transfer a copy of the payment should be sent for the reservation. The total amount about your reservation should be played before 6 jun 2014. Cancellation policy is attached at this module. For any further information please send an email to Baia Samuele Staff</b> <b>e-mail: <a href="mailto:icvss@igrandiviaggi.it">icvss@igrandiviaggi.it</a></b>		
<b>A confirm on your reservation will be sent by email by Baia Samuele Staff.</b>		
<b>PAYMENT DETAILS:</b> (bank charges must be paid by yourself)		
<b>Bank transfer to:</b>		
<b>Copy of the payment should be faxed together with this module at fax nr. +39-02-29.046.405</b>		
<b>Beneficiary:</b> iGRANDI VIAGGI SpA; <b>Beneficiary VAT/P.IVA:</b> 09824790159		
<b>BeneficiaryAddress:</b> Via Moscova, 36 - 20121 Milano		
<b>Bank:</b> BANCA POPOLARE DI MILANO <b>IBAN:</b> IT 56 Q 05584 01610 000000013235		
<b>Bank Address:</b> Via Turati, 26 - 20121 Milano <b>SWIFT CODE/ BIC:</b> BPMIITMMXXX		
<b>REFERENCE/CAUSAL: ICVSS 2014 - NAME AND SURNAME</b>		

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 and divulge my personal data within the limit of the above mentioned law and in accordance with the procedure laid down by 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 € \_\_\_\_\_

in charge of the practice nr. \_\_\_\_\_ confirmed 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)



## **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 Address:** Via Moscova 36- 20121 Milano  
**VAT/IVA:** 09824790159  
**Bank:** BANCA POPOLARE DI MILANO AG. 10 Milano  
**Address bank:** Via Turati, 26 - 20121 Milano  
**IBAN:** IT56Q0558401610000000013235  
**Swift code/BIC:** BPMIITMMXXX

**REFERENCE/CASUAL** ICVSS 2014 - YOUR NAME AND SURNAME