



HOTEL ACCOMMODATION FORM

Please return this form to: MDM Congress- Bari, Italy
fax +39.080.5234333 – email: accomodation@mdmcongress.it
Deadline: June 10, 2010

First Name _____ Surname _____

Address _____

City _____ Country _____ Postal Code _____

Tel. _____ Fax _____

E-mail _____

Please book in my name n. _____ single room n. _____ double room n. _____ double single use

at the Hotel _____ (1° choice) o _____ (2° choice)

Arrival date _____ Departure date _____

PAYMENT BY

- Bank transfer payable to MDM Congress IBAN IT92H0538504000000006670019

SWIFT BPDMIT3BXXX of the amount of € _____

- Credit card _____ (es. Visa, Mastercard, Amex, Diners)

n° _____ Name of Cardholder _____

CVV code _____ Expired _____ of the amount of € _____

Signature Cardholder _____

Reservation will be confirmed only upon receipt at least of the **amount of the first night** or **guaranteeing through credit card**. The date of arrival indicated above must be respected; in the case of non arrival or late arrival the first night will still be charged. The rooms will be assigned in the hotels requested until completion; the MDM Congress will inform registrants of the hotel assigned.

Date _____

Signature _____