## **Booking Form**

to be sent back to the	e Organizing Secre		sitis-conf.org or fax	at # 00390818770604 before 31st Octo	ober.
Family name:			First name:		
Address:					
Telephone:			E-mail:		
Check-in date:			Check-out date:		
Please put a tick in t	the box below to se	elect hotel and	l room type		
HOTEL NAME		TYPE OF ROOM (All rates include breakfast )			
Imperial Hotel Tramontano  Conference Venue		Single Room € 120,00 □ *Double Room € 140,00 □			
Alternative Hotels		For alternative hotels close to the Venue, please contact YES Meet at <a href="mailto:info@sitis-conf.org">info@sitis-conf.org</a> or <a href="mailto:info@yesmeet.it">info@yesmeet.it</a>			
If you share room	with another Par	ticipant pleas	se specify his/her na	ne:	
- If you shorten your  CREDIT CARD for I authorise the use	ber and in case of r booking after Nov r Booking Warrat e of the card iden	no show, late vember 12th 2 nty:	er arrival or early department of the entire stay properties for the purposes of re	eviously booked will be charged.  eserving the accommodation paying cording to the policy above.	one
CREDIT CARD TY	YPE Visa □ Mas	stercard  A	merican Express □		
Owner name					
			Expiry	date/	
Security Number* . *For Visa and Mastercard front side of the card ab	d users this is the last th	nree digits on the	reverse side of the card; A	merican Express cards have a four digit code on	the
Owner Signature					
is essential for the purpose	es connected with the p	erformance of th	e services provided.	Protection Code, YES MEET declares that the devices only and in compliance with the above m	-
Signature			Date		