

ICDSC 2010
June 20-25, 2010 - Genoa, Italy

HOTEL RESERVATION FORM

To be returned to Actor Hotel

via fax: +39 010 8391512 or e-mail: info@hotelactor.it

DEADLINE for Advance Booking: April 30, 2010

Family Name:		First Name:	
Affiliation:			
Address:			
City:		State:	
Country:		Postal Code:	
Phone:		Fax:	
E-mail:			
Accompanying person			
Family Name:		First Name:	

Please Reserve:

Arrival Date (IN) :		Departure Date (OUT) :		Number of nights	
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	Double Room Single Use	Double Room (Double occupancy)	Three Beds Room
Classic	€ 90,00	€ 110,00	€ 150,00

Rates are in Euro per room, per night and are inclusive of Breakfast and VAT.

Requests for hotel reservation should be received no later than **April 30, 2010**. After this date, bookings and rates are not guaranteed. The reservation will be confirmed by e-mail or fax. Bookings will be accepted only if accompanied by the credit card data.

CREDIT CARD data. I hereby authorize to charge the penalty (**one night rate in case of "no show" or cancellation after June 18, 2010**) to my credit card:

Cardholder name:

Credit card type: VISA MASTERCARD AMEX DINERS

Credit card No:

Expiration date:

Date:

Signature

The Italian law about protection of personal data requests that you authorize the processing of your personal data in the following terms: "In submitting the present Registration Form, I hereby authorise the hotel and the conference organizers, according to Italian Law No. 196, June 30, 2003 concerning "personal data processing" particularly article 13 – until written revocation, to process and divulgate my personal data within the limits of the above mentioned law, and in accordance with the procedure laid down by the law".

Date:

Signature

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