

HOTEL RESERVATION FORM

For reservations please complete this form and return it by email at your earliest convenience **but not later than 15th November 2012**

Agenzia Viaggi ALPINE ADVENTURES
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(office hours: Monday through Friday, from 9 a.m. To 12,30 p.m. – 15 to 18,30 p.m.)

Name and Surname: _____

Address: _____

Phone: (area code) _____ (office) _____ Mobile _____

Email _____

Reservation Dates: from to.....December 2012

Hotels

The Conference organizing committee has provisionally reserved rooms for participants at special rates in Hotels close to the Conference venue.

PRICES: (per person, per day including Bed & Breakfast):

5 star Superior Hotel :

€ 290,00 in double room occupied by two people
€ 240,00 in double room occupied by one person

4 star Superior Hotel :

1 night only : € 90,00 in double room occupied by two people
€ 145,00 in double room occupied by one person
2 nights : € 80,00 in double room occupied by two people
€ 130,00 in double room occupied by one person

4 star Hotel :

1 night only : € 80,00 in double room occupied by two people
€ 130,00 in double room occupied by one person
2 nights : € 70,00 in double room occupied by two people
€ 115,00 in double room occupied by one person

3 star Hotel :

€ 63,00 in double room occupied by two people
€ 90,00 in double room occupied by one person

RESERVATION GUARANTEE

In case of cancellation less than 5 days before the Conference or failure to show up, I authorize to charge the full amount of my reservation, to the following Credit Card :

Master/Access/Eurocard Visa

Card N° _____

Expiry date _____

Signature _____