**CF 2018**

**Computing Frontiers Conference**

***Ischia May 08th - 10th, 2018***

**HOTEL RESERVATION FORM**

To be sent via fax or email to:

Hotel Continental - Via M. Mazzella, 88 - 80077 ISCHIA (NA) Italy

**Fax: 0039 081 3336276 – E-mail:** **booking@hotelcontinentalischia.it**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | First name |  |
| **City** |  | Country |  |
| **Phone** |  | Fax |  |
| **E-mail** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of arrival** |  | **Date of departure** |  | Number of nights |  |

 **After April *15th*, 2018 room availability and rates will not be granted**

**Rates per day *(lodging, breakfast, internet Wi-Fi, taxes 10% VAT Included)***

**City tax 3,00 EUR per person per day not included – to be paid at the hotel on departure**

|  |  |  |
| --- | --- | --- |
|  | Twin/Double single use | 100,00 EUR |

|  |  |  |
| --- | --- | --- |
|  | **Twin/Double standard 2 pax** | **140,00 EUR** |

METHOD OF PAYMENT (\*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | By Credit Card: payment will be due at the check out |  | By Bank Transfer (\*\*) |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Carta Sì** |  | **Mastercard** |  | **VISA** |  | **AMEX** |  | **Other** |  |

|  |  |
| --- | --- |
| **Card holder’s name** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Card number** |  | Expiration Date |  |

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(\*) I agree to be charged 1 night for cancellation notified 1 day before or in case of no show.

**(\*\*) A deposit of 50% of the total amount is due, on confirmation by the Hotel Continental.**

**IBAN CODE IT 79 M 03111 39930 000000010518 – SWIFT Code BLOPIT22**

Please send a copy of the bank transfer statement via fax or e-mail. Balance of payment is due at check-out.