



IS-EUD 2011

Third International Symposium on End-User Development

June 7-10, 2011

Hotel del Levante, Torre Canne (Brindisi), Italy

HOTEL RESERVATION FORM

HOTEL DEL LEVANTE** - Torre Canne di Fasano (BR) Tel. 080 4820160 – Fax 080 4820096**

Please fill in this form and fax it to (0039) 080 4820096.

Accommodation at the Hotel del Levante can be guaranteed only for reservations made before **March 31st**.

Name _____ Surname _____

Affiliation _____

Department _____

Address _____ ZIP code _____

City _____ State _____ Country _____

Tel. _____ / _____ Fax _____ / _____ e-mail _____

Please reserve in my name:	N° _____	Double single use room(s)	€ 95,00	per night per room on B&B
	N° _____	Double room(s)	€ 125,00	per night per room on B&B
	N° _____	Triple room(s)	€ 165,00	per night per room on B&B
	N° _____	Quadruple room(s)	€ 205,00	per night per room on B&B

Please specify name and surname of people sharing the room, if any: _____

Check-in Date: _____ Check-out date: _____ N. of Nights _____

Flight/Train Details (for shuttle bus arrangement): ☐ Bari airport ☐ Brindisi airport ☐ Fasano Railway station

Arrival (Date and time) _____ Departure (Date and time) _____

1 NIGHT DEPOSIT IS REQUIRED to make hotel reservation.

☐ **By bank transfer to:**

ITALA S.p.a. / Hotel del Levante – Banca Popolare di Bari Ag. Monopoli
BIC/SWIFT: BPB AIT 3 B IBAN : IT 55 H 05424 41570 00000 1001980

In order for us to process your payment correctly, please state clearly on the bank transfer form «ISEUD 2011 hotel reservation».
Please also send a copy of the bank transfer receipt to us by fax.

☐ **By credit card:**

☐ VISA ☐ AMEX ☐ DINERS ☐ CARTA SI ☐ MASTERCARD

Number _____ / _____ / _____ / _____ / _____ Expiry date ____/____ mm/yy CCV _____

For Amex cards, please also report CVV (NOT embossed group of four digits printed on the back towards the right)

I the undersigned _____ authorize HOTEL DEL LEVANTE to charge

_____ Euros to my credit card

Signature _____

Cancellation Policies:

From the 28th to the 15th day before arrival

penalty of one night

From the 14th to the 8th day before arrival

penalty of 70% of the total amount

From the 7th to the arrival day, no show or early departure

penalty of 100% of the total amount

Date _____

Signature _____

I consent to the processing of the personal data I have provided according to the Italian Legislative Decree 196/2003 on privacy.



For more information: Mediterranean Life S.r.l. - 72010 Savalietri di Fasano (BR)
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