

ACCOMMODATION RESERVATION



ICVSS 2016

Sicily ~ 17 - 23 July

International Computer Vision Summer School

Please send this module by email as soon as possible and
no later than 10 May 2016 to:

iGV Club BAIAM SAMUELE HOTEL VILLAGGIO Centro Congressi
Punta Sampieri 97018 Scicli (Ragusa)
Tel.: +39 0932 848111 Fax: +39 0932 939725
e-mail: icvss@igrandiviaggi.it

**Sicily is a popular tourist area. After 10 May 2016 we can no longer
guarantee an accommodation.
Make reservation with this form as soon as possible.**

Personal Data		
First name	Last Name	Gender (M/F):
Institution		
City	Zip code	Country
Telephone	Fax	
EMAIL (CAPITAL LETTERS):		
Please reserve (no other combination are allowed for discounted rates) July 2016:		
<input type="checkbox"/> Single Room in Village from 17 (in) to 23 (out) + Breakfast + Lunch + Dinner	(€ 850,00 pax)	
<input type="checkbox"/> Double Room in Village from 17 (in) to 23 (out) + Breakfast + Lunch + Dinner	(€ 730,00 pax)	
<input type="checkbox"/> Triple Room in Village from 17 (in) to 23 (out) + Breakfast + Lunch + Dinner	(€ 585,00 pax)	
<input type="checkbox"/> Quadruple Room in Village from 17 (in) to 23 (out) + Breakfast + Lunch + Dinner	(€ 475,00 pax)	
I want to share the double/triple/quadruple room with:		
If you have not preferences in advance and you are coming alone, just mark "YES Double/Triple/Quadruple" in this field. Baia Samuele Staff will find Students interested in share the room with you.		
Please specify whether you want the invoice or receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt		
Please type in capital letters the detailed data:		
Name – Surname _____		
Company/University _____		
Address _____		
City _____	Zip Code _____	Country _____
VAT of your company or your Identification Number _____		
The payment of the booking must be settled at reservation by credit card Cancellation policy is attached at this module. For any further information please send an email to Baia Samuele Staff e-mail: icvss@igrandiviaggi.it A confirm on your reservation will be sent by email by Baia Samuele Staff.		

By signing this form you are informed on the Law n.675 Dec 31, 1999 concerning the "personal data processing" in particular as concerns the articles 10,20,24,28 – I authorize ICVSS 2016 SCHOOL COMMITTEE, until written revocation, to process and divulge my personal data within the limit of the above mentioned law and in accordance with the procedure laid down by the law. I give my authorization providing that ICVSS 2016 SCHOOL COMMITTEE complies with the regulation in force.

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PAYMENTS WITH CREDIT CARD

Cardholder's name: _____, as owner,

I authorize the company SAMPIERI s.r.l. Hotel Villaggio Baia Samuele, to change my credit card:

Type: ___ Visa, ___ American Express, ___ Mastercard

(Attention: The UNION PAY CARD IS NOT ACCEPTED)

Card number: _____

Security number (CVV2 code): _____

expires _____ for the amount of € _____

STAMP and SIGNATURE

DATE

REFERENCE/CAUSAL IN CAPITAL LETTERS (ICVSS 2016 / NAME AND SURNAME)

Position of the security code of the credit card (CVV2 code)

VISA e MASTERCARD
(3 cifre sul retro della carta per)



AMERICAN EXPRESS
(4 cifre sulla parte anteriore della carta)



CANCELLATION POLICY FOR ACCOMMODATION RESERVATIONS CUSTOMERS

30% from 20 to 11 day before the arrival

50% from 10 to 7 day before the arrival

100% from 6 to 1 day before the arrival