

RESERVATION FORM
ISCT-EUROPE 2ND REGIONAL MEETING
SEPTEMBER, 12th TO SEPTEMBER, 14th 2010



Hotel Villa Carlotta



Via Mazzini, 121/125
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Fax +39 (0)322 76705
www.villacarlottalagomaggiore.it
info@villacarlottalagomaggiore.it

Please complete this form and send it by email or fax directly to Hotel Villa Carlotta by **June 1st 2010**.
After that date accommodation cannot be guaranteed.
Please note that the rates are valid only by completing this reservation form.

Please Reserve for (Name): _____

Address: _____

Country: _____

Telephone: _____ **Fax:** _____

E-mail address: _____

Credit card number: _____

Credit Card Holder: _____ **Expiry Date (mm/yy):** ____ / ____
(We only accept Visa, Mastercard and American Express credit cards)

At the following conditions:
SPECIAL RATES PER PERSON, PER NIGHT (BED & BREAKFAST)
Rooms will be assigned and confirmed in order of receipt of reservation.

4 stars Hotel Villa Carlotta

Double room single use: Euro 132,00 per person
Double room: Euro 104,50 per person
The rates are inclusive of buffet breakfast, and taxes.
If Villa Carlotta is fully booked you will be booked in its partner
Hotel Milano (4 stars), located at 5 minutes walking distance.

3 stars Hotel Colli Fioriti in Nebbiuno.

The hotel is located at 15 minutes driving distance from
Hotel Villa Carlotta. There are a limited number of rooms.
Double room single use: Euro 90,00 per person
Double room: Euro 62,00 per person
The rates are inclusive of buffet breakfast, and taxes.

In order to confirm your reservation please be so kind as to fill in this form with all the requested details, sign it and email a scanned copy or fax it to Hotel Villa Carlotta. To guarantee availability please make your reservation **before June 1st 2010**. Upon receipt of the completed form, the hotel will confirm the booking back to you by e-mail. All bookings must be guaranteed by a valid credit card. Your credit card will be charged immediately for Euro 100,00 as deposit for the reservation according to the cancellation policy listed at the end of this form.

HOTEL : Hotel Villa Carlotta Hotel Colli Fioriti

ROOM TYPE: Double room single use Double room

DATE OF ARRIVAL: _____ **DATE OF DEPARTURE:** _____

SPECIAL REQUESTS: _____

In order to facilitate **your transfer** the hotel has organized a shuttle bus service

Hotel shuttle service on Saturday, 11th September and Tuesday, 14th September, from/to Milano Malpensa airport

Price: Euro 38,00 for both the transfers (no one way ticket is available)

Please note that the shuttle has to be booked in advance, together with the reservation of your room.

The costs will be charged together with the room deposit. **No refunds will be made.**

Yes, I would like to book the transfers.

No, I do not want to book transfers.

If Yes, fill in the shuttle you wish to reserve:

Saturday, 11th September, shuttle Milan Malpensa (Terminal 1) – Hotel: 10:00 12:00 14:00 16:00

Tuesday, 14th September, shuttle Hotel – Milan Malpensa (Terminal 1 and Terminal 2) : 15:30 16:30

I Mr/Mrs _____ agree to sign this document, authorizing Hotel Villa Carlotta to charge my credit card as mentioned in the cancellation policy below:

Cancellation Policy:
Before September, 1st 2010: 100,00 Euro deposit
After September, 1st 2010: full amount

Signature _____