



LATTICE 2010



FEE & ACCOMMODATION PAYMENT FORM to be sent by fax or email to:

agenziaviaggio@imceurope.eu
FAX N° ++39 070 273306

Surname _____ Name _____

CONFERENCE FEE

- Participant fee euro 350,00
- Reduced Fee for Diploma and PhD students euro 250,00
- euro 70,00 (Accompanying person fee)

ACCOMMODATION REQUEST

- Double room / single occupancy (euro 137,00 Full Board)
- Double room / shared (euro 99,00 per person Full Board)

(room shared with Mr/Mrs _____)

3rd/4th bed (Number of people in the same room _____)

Please specify the age of children below 12 years:

- 0-11 months (euro 13,00 per day)
- 1-3 years (euro 40,00 per day)
- 4-11 years (euro 60,00 per day)

Arrival date _____ Departure date _____ N° of Nights: _____

The present payment:

- covers the **total** amount of hotel accommodation (no extra charge);
- is the first instalment (**30%** advance payment)
- is the final instalment (**70%** final payment, **to be paid by May 13, 2010 at an extra booking charge of € 12,00**).

EXCURSION (optional)

excursion number number of persons Euro

PAYMENTS ARE DUE IN EUROS

Copy of the ID document of the credit card owner is also necessary

- I authorise IMC Europe srl to debit my credit card by the amount of €_____ (conference fee)
- I authorise IMC Europe srl to debit my credit card by the amount of €_____ (accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy – full amount).
- I authorise IMC Europe srl to debit my credit card by the amount of €_____ (30% of the advance payment for accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy).
- I authorise IMC Europe srl to debit my credit card by the amount of €_____ (70% final payment of accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy).
- I authorise IMC Europe srl to debit my credit card by the amount of €_____ (participation in the excursion number _____).

Total amount € _____

Credit card: Mastercard VISA

Credit card details Please print names and numbers clearly.

Credit card number

Credit card holder (as appearing on credit card) _____

Date of Birth

Expiring date:

CVV NUMBER

(printed on the signature panel on the back of the card immediately after the card account number)

Date: _____ Signature: _____

IMC EUROPE srl will address the invoice to:

*Name Surname _____

Institute _____

*Address _____

*Zip code _____ *City _____ *Country _____

Fiscal Code/VAT _____

The invoice will be sent by email to the following address: _____

Please note that reservation is confirmed only upon receipt of the amount due.

**Mandatory fields*

Privacy

Personal information sent to IMC Europe srl will be handled in accordance with law 196/2003 of the Republic of Italy

PAYMENT by BANK TRANSFER

I inform you that I have made a bank transfer to IMC-Europe Agency Bank Account:

IMC Europe srl
Banca di Cagliari
IBAN: IT47A070960480000000003160
Swift code: ICRAITRRUG0

for the following items

- Fee payment, Euro _____ confirming my participation
- Payment of the total amount, Euro _____ covering hotel accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy
- Payment of 30% of the total amount, Euro _____ covering hotel accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy
- Payment of the remaining 70% of total amount, Euro _____ covering hotel accommodation at the Atahotel Tanka Village Resort, Villasimius, Cagliari, Italy
- Excursion payment, Euro _____ confirming my participation to the excursion number _____

Total amount, Euro _____

Date (dd/mm/yyyy): _____

Name: _____

Surname: _____

I attach a copy of the bank transfer receipt.

IMC EUROPE srl
socio unico

sede legale
Viale Monastir Km. 5,200 - 09122 Cagliari
PIVA/Codice fiscale 03128870924

sede operativa
Viale Trieste 93 - 09123 Cagliari
Tel. 070 273470 Fax 070 273306
imc.congressi@tin.it
www.imc-congressi.it

capitale sociale 10.000,00 i.v.
CCIAA Cagliari REA 248621

INFORMATION ON ARRIVAL AND DEPARTURE DATE AND TIME

Surname _____ Name _____

Date of birth _____ Place of birth _____

Address _____

Zip Code _____ City _____

Telephone _____ Fax _____

e-mail _____ cell _____

I will arrive in Cagliari on (date) _____ flight n° _____

time _____ from (previous destination) _____

I will leave from Cagliari on (date) _____ flight n° _____

time _____ for (destination) _____

Number of traveling people _____

Date _____ Signature _____