

ESITO 2009 ACCOMMODATION/TRANSPORTATION FORM

DEADLINE: June 15

To be sent to: Residence Hotel Cormoran, Località Campus, 09049 Villasimius-CA, Sardegna, Italy
Tel +39 07079340-Fax +39 070798131-e.mail info@hotel-cormoran.com www.hotel-cormoran.com

First name _____ Family name _____

Title _____ Affiliation _____

Address _____

Zip Code _____ City _____ State _____ Country _____

Tel _____ Fax _____ E.mail _____

I already sent my pre-registration form to the local organizer _____

I request accommodation of a: Single room _____ Double room _____ other _____

Arrival (dd/mm/y) _____ / _____ / _____ Departure (dd/mm/y) _____ / _____ / _____

I will share the room with the following participant/s _____

I will share the room with the following non-participant accompanying person(s):

Adult (First name and family name) _____

Child _____ Age _____

Child _____ Age _____

I enclose 200 € per person as down payment to The Residence Hotel Cormoran:

Check Data (non-negotiable check) _____

Credit Card: Visa _____ American Express _____ Eurocard _____ Mastercard _____

Name on the credit card _____

Credit card number _____

Expiration date ____ / ____ / ____ Cardholder's signature _____ Date _____

Bank transfer _____ headed to:

C.G.T. S.r.l. Hotel Cormoran	Bank: Cassa di Risparmio di Asti, Ag. N°2 Piazza 1° Maggio - 14100 Asti	C/C N° 25449/1
Bic code: CASRIT22	Iban code: IT 75A 06085 10302 0000 000 25449	Swift: CASRIT22
ABI: 06085.5	CAB: 10302.8	CIN: L

I make reservation for bus transportation from Elmas Airport to Residence Hotel Cormoran:

Arrival date ____ / ____ / ____ Time _____ Flight Company _____ N° _____

I request bus transportation for: one-three person/s _____ people group _____

I will _____ I will not _____ participate in the boat excursion.