

**HOTEL ACCOMMODATION AND TOURS FORM**

Please fill the form in and send it back to: area&20 S.r.l. – Via Romagna 39 – 20052 Monza, Italy

Telephone: +39 039 2140320, Fax : +39 039 2149849 – e.mail: tweed2008@areaeventi.net - webpage: [www.areaeventi.net](http://www.areaeventi.net)

**Forms received without the appropriate remittance WILL NOT CONSTITUTE advanced registration**

Title:  Prof.  Dr.  Mr.  Mrs.  Miss

Family name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Postal/Zip code \_\_\_\_\_ Country \_\_\_\_\_

Phone\* \_\_\_\_\_ Fax\* \_\_\_\_\_ E-mail \_\_\_\_\_

(\*include country, city and area codes)

**HOTEL ACCOMMODATION**

All requests must be accompanied by a first night's deposit, as specified in the table below and mailed directly to area&20 Srl:

Arrival date ___/___/___	Departure date ___/___/___	N. of nights _____		
Please book n. ___ room/s Type: <input type="checkbox"/> double single use <input type="checkbox"/> double at:			<b>Double single use</b>	<b>Double</b>
<input type="checkbox"/> <b>Hotel Chateau Porro Pirelli ★★★★★ Sup.</b>			€160,00	€170,00
<input type="checkbox"/> <b>Hotel Villa Castiglioni ★★★★★</b>			€130,00	€160,00
<input type="checkbox"/> <b>Hotel Europa★★★</b>			€100,00	€120,00
1st night deposit of € _____ x n. _____ room/s			<b>TOTAL HOTEL RESERVATION DEPOSIT € _____</b>	

The indicated rates, in Euro, are valid for the period of the Congress and include one overnight stay, breakfast, taxes and V.A.T. The first night deposit must be mailed to area&20 Srl within June 30, 2008. After this date availability is not guaranteed and rates may increase.

**CONGRESS TOURS**

I would like to take part in the following tours:

<input type="checkbox"/> <b>Friday, Oct.17, 2008</b>	Milan and Leonardo Da Vinci's "Last Supper"	€ 60,00 per n. ___ person/s
<input type="checkbox"/> <b>Saturday, Oct.18, 2008</b>	Varese and Villa Mirabello	€ 60,00 per n. ___ person/s
<input type="checkbox"/> <b>Sunday, Oct. 19, 2008</b>	The Sacro Monte in Varese	€ 35,00 per n. ___ person/s

I enclose:

- HOTEL RESERVATION DEPOSIT € \_\_\_\_\_
  - CONGRESS TOURS € \_\_\_\_\_
- TOTAL** € \_\_\_\_\_

**ADDITIONAL TOURS IN ITALY:** please contact me for arrangements

**METHOD OF PAYMENT**

With your name and address indicated, please forward bank transfer to:

**Bank Transfer** to area&20 Srl

BANCA INTESA SAN PAOLO S.p.A. – Monza branch – Via Romagna, 8 - Monza, Italy

Account number: 615307148907 – Swift: BCITITM1419

For Italian participants: IBAN IT77 U030 6920 4046 1530 7148 907

Reason for payment: Tweed Meeting 2008

A copy of the bank transfer order should be faxed or sent by mail together with the registration form.

**Credit Card:** I authorize area&20 Srl to charge my credit card for the amount of € \_\_\_\_\_

Visa  MasterCard  American Express  Diners Club

Cardholder's name \_\_\_\_\_ Name as shown on card \_\_\_\_\_

CVC (Card verification code-3 numbers) \_\_\_\_\_ Card number \_\_\_\_\_

Expiry date \_\_\_\_\_ Cardholder's signature \_\_\_\_\_

**CANCELLATIONS AND REFUNDS**

Cancellations must be notified in writing to area&20 Srl.

area&20 will refund 50% of the hotel deposit and tours for cancellations postmarked before July 15, 2008.

No refund will be made for cancellations after this date.

Signature _____	Date _____
-----------------	------------