HOTEL REGISTRATION FORM

INTERCONTINENTAL
DE LA VILLE ROMA

Via Sistina 67/69 -
I-Rome-00187
Tel: -+ 39-06-673 31 - Fax: -+ 39-06-6733-9332
www.intercontinental.com/icrome

First International Congress on Postharvest Loss Prevention – 4/7 October 2015

PLEASE RESERVE YOUR ROOM DIRECTLY WITH THE HOTEL WITHIN 15th July 2015

FIRST NAME _____ **LAST NAME** _____
(PLEASE PRINT)
COMPANY _____

ADDRESS _____

EMAIL ADDRESS _____

TEL NO. FAX NO. _____

CREDIT CARD _____ **EXP Date** _____

Credit Card nr. _____

To guarantee your reservation, the hotel only accepts reservations guaranteed with a Credit Card number and expiry date as well as the attached form compiled in full to charge a one night deposit, no refundable in case of cancellation after 15th July 2015.

PLEASE RESERVE THE FOLLOWING TYPE OF ROOM

☐ **CLASSIC DOUBLE SINGLE USE** **€ 290,00 excluding 10% vat**

☐ **CLASSIC DOUBLE** **€ 315,00 excluding 10% vat**

Above rates are per room, per night inclusive of full American Buffet Breakfast. 10% vat to be added .€ 7,00 city tax to be added (per person, per night) and to be paid by clients upon departure.

☐ **SMOKING** ☐ **Non SMOKING**

Arrival Date _____ **Arrival Time** _____ **Departure Date** _____

The above rates are valid for the nights of 4th, 5th & 6th Ocotber 2015 only and will be available until the 15th July 2015
After this term and outside the date range indicated, rooms as well as rates will be subject to availability.

Signature _____

A one night deposit will be charged as guarantee on the credit card form provided upon confirmation of the room, non refundable in case of cancellation after 15th July 2015. Payment of the room accommodation to be made in the hotel upon departure.

Check-in 15h00 ***Check-out 12h00***

Please return this form directly to InterContinental De La Ville Roma
Fax No. 0039.06.6733.9332 – Attention : Event Office

INTERCONTINENTAL
DE LA VILLE ROMA

Date: _____

Credit Card Authorization

Guest Name: _____

Arrival Date: _____ **Departure Date:** _____

Daily Rate: _____ **Type of Accommodation:** _____

Specify Billing Instructions:

1, _____ hereby authorize InterContinental Hotel De La Ville Rome
(Credit Cardholder, Print)

to use my credit card for payment of _____
(Guest Name)

As specified below: **(Pleases check one of the following)**

( ) I will be responsible to pay all guests' charges. (Room, tax, incidentals)
( ) I will be responsible to pay for guests' room and tax charges only.

Print Clearly the Following information:

Credit Card Number: _____

Credit Number Expiration Date: _____

Name of Cardholder: _____

Address of Cardholder: _____

_____

_____

_____

Telephones Number of Cardholder: _____ **Work Phone:** _____

Fax Number of Cardholder: _____

Signature of Cardholder: _____ **Date:** _____

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Internet site: http://www.intercontinental.com/icrome