



**HOTEL CONTINENTAL**  
**Convegno "QUANTUM IN COMPLEX MATTER"**  
**23/29 june 2016**

**HOTEL RESERVATION FORM**

To be sent via fax or email to

Hotel Continental Terme - Via M. Mazzella, 74 - 80077 ISCHIA (NA) Italy

**Fax: 0039 081 3336276 – E-mail: [booking@hotelcontinentalischia.it](mailto:booking@hotelcontinentalischia.it)**

Surname \_\_\_\_\_ First name \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

Town inc. Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Company's VAT nr. \_\_\_\_\_

e-mail \_\_\_\_\_

**I WOULD LIKE TO RESERVE**

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_ Number of nights \_\_\_\_\_

**Hotel reservation deadline: May 30, 2016**

RATES per day (lodging, breakfast and lunch, taxes 10% VAT Included)

**City tax 3,00 Eur per person per day not included – to be paid at the hotel on departure**

**1 person – Half Board                      100,00 EUR**

**02 people – Half Board                      160,00 EUR**

**METHOD OF PAYMENT**

**By Credit Card:** payment will be due at the check out.

Carta SI     Mastercard     Visa     AMEX     Other (please specify) \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVVCode \_\_\_\_\_

**In case of cancellation, I agree to be charged 3 nights for cancellation after May 30<sup>th</sup>, 2016 or in case of no show**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Without credit card** - A deposit of 50% of the total is due to confirmation by the Hotel Continental by bank transfer - IBAN CODE IT 47 N 05308 39930 000000010518 – SWIFF Code BLOPIT22 – BIC BPAMIT31  
Balance of payment is due at check-out. Please send it by fax to 081.3336.276 or e-mail copy of report