



VENICE COURSE ON EXTREME VASCULAR INTERVENTIONS

Lido di Venezia, April 17-19, 2008

HOTEL ACCOMMODATION FORM

Please complete this form using block capital letters and send it to the Organizing Secretariat **ADB Eventi&Congressi**
(fax 0039-051-4072964 / e-mail info@adbcongressi.it) **within January 1, 2008.**

PERSONAL DATA

SURNAME _____ NAME _____
FISCAL CODE* _____ PLACE OF BIRTH _____ DATE OF BIRTH _____
HOME ADDRESS _____
ZIP CODE _____ CITY _____ STATE _____ COUNTRY _____
PHONE _____ FAX _____ MOBILE PH. _____ E-MAIL _____
* for Italians only

INSTITUTE DATA

INST., HOSP., DIV. _____ ADDRESS _____
ZIP CODE _____ CITY _____ STATE _____ COUNTRY _____
PHONE _____ FAX _____ E-MAIL _____

HOTEL RATES – Please indicate your hotel choice on the following list:

HOTEL	REFERENCES	PRICES (B&B)
Hotel Biasutti****	Viale Dandolo, 29 Lido di Venezia Ph. 0039 041 5260120 www.biasuttihotels.com	<input type="checkbox"/> Double room single use € 200,00 <input type="checkbox"/> Double room € 260,00
Hotel Quattro Fontane****	Via Quattro Fontane, 16 Lido di Venezia Ph. 0039 041 5260227 www.quattrofontane.it	<input type="checkbox"/> Double room single use € 190,00 <input type="checkbox"/> Double room € 210,00
Russo Palace Hotel****	Riviera San Nicolò, 11/A Lido di Venezia Ph. 0039 041 5260519 www.russopalacehotel.com	<input type="checkbox"/> Double room single use € 180,00 <input type="checkbox"/> Double room € 200,00
Hotel Villa Mabapa****	Riviera San Nicolò 16 30126 Lido di Venezia Ph. 0039-041-5260590 www.villamabapa.com	<input type="checkbox"/> Double room single use € 185,00 <input type="checkbox"/> Double room € 200,00
Hotel Le Boulevard****	Gran Viale S. Maria Elisabetta, 41 Lido di Venezia 0039 041 5261990 www.leboulevard.com	<input type="checkbox"/> Double room single use € 180,00 <input type="checkbox"/> Double room € 200,00
Hotel Villa Edera***	Via Negroponte, 13 Lido di Venezia 0039 041 731575 www.hotelvillaedera.com	<input type="checkbox"/> Double room single use € 160,00 <input type="checkbox"/> Double room € 170,00
Hotel Buon Pesce***	Riviera San Nicolò, 50 Lido di Venezia 0039 041 5268599 www.hotelbuonpesce.com	<input type="checkbox"/> Double room single use € 160,00 <input type="checkbox"/> Double room € 170,00
Hotel Atlanta Augustus***	Via Lepanto, 15 Lido di Venezia 0039 041 5260569 www.hotelatlantaugustus.com	<input type="checkbox"/> Double room single use € 160,00 <input type="checkbox"/> Double room € 160,00
Hotel Cà del Moro***	Via Malamocco, 83 Lido di Venezia Ph. 0039 041 5267773 www.hotelcadelmoro.eu	<input type="checkbox"/> Double room single use € 150,00 <input type="checkbox"/> Double room € 160,00
Hotel Riviera***	Gran Viale S. Maria Elisabetta, 5 Venezia Lido Ph. 0039 041 5260031 www.rivieravenezia.it	<input type="checkbox"/> Double room single use € 140,00 <input type="checkbox"/> Double room € 150,00

HOTEL RESERVATION

All rates quoted on the Hotel Accommodation Form are per room, per night and include breakfast, service, taxes and private facilities.

Only bookings made through ADB Eventi&Congressi in advance will secure these rates. All incoming requests will be managed on a "first come first served basis". Hotel Accommodation must be requested within January 1st, 2008: after this date the Organizing Secretariat will be unable to guarantee hotel accommodation, although every effort will be made to meet delegates' requirements.

Please note that Hotel Accommodation will not be effective until payment of the whole stay + € 15,00 as processing fee have been received by the Organizing Secretariat.

I wish to book Hotel Accommodation in the hotel indicated on the list above:

DATE OF ARRIVAL _____

DATE OF DEPARTURE _____

TOTAL N. OF NIGHTS _____

TOTAL N. OF ROOMS _____

INVOICE DETAILS

INVOICE HEADED TO: _____ ADDRESS _____

ZIP CODE _____ CITY _____ STATE _____ COUNTRY _____

PHONE _____ FAX _____ E-MAIL _____

VAT NUMBER* _____ FISCAL CODE* _____

* for Italians only

REMITTANCE OF HOTEL ACCOMMODATION

Bank transfer to: ADB Eventi&Congressi
Unicredit Banca – Agenzia Bologna IV Novembre
Account number 000010800030 **IBAN** IT77G0200802484 **BIC/SWIFT CODE** UNCRITB1MN0

Please indicate "EVIVENICE 2008" and your name on the bank transfer and attach a copy of the bank transfer to your Hotel Accommodation Form by submitting it to the Organizing Secretariat.

Credit Card - Charge € _____ on the following credit card: VISA MASTERCARD

Card number _____ **Expiration date** _____ **Security code*** _____

Card Holder Name _____ **Card Holder Signature** _____

* the security number is made out of the last 3 numbers on the back of your credit card

CANCELLATION AND REFUND POLICY

Cancellations should be notified in writing to the Course Organizers. Cancellations for registrations received before January 1st, 2008 will receive a refund, less 10% administration fee. No refunds will be made for cancellations received after that date.

Refunds will be processed after the Course.

Substitute delegates are welcome without penalty: any name change must be communicated to the Organizing Secretariat within April 4, 2007.

According to Italian Law n. 196/03 on privacy protection, all personal data will be treated strictly confidentially. I therefore authorize ADB Eventi&Congressi and the Course Director to use my personal data to process my hotel accommodation for this Course and to keep me informed on Scientific events of my interest. I also state that I have understood and accepted the Cancellation and Refund Policy specified above.

Signature _____ **Date** _____