



**2010 VENICE COURSE ON  
EXTREME VASCULAR INTERVENTIONS  
AND ISCHEMIC FOOT MANAGEMENT**  
Palazzo del Casinò- Venice Lido, Venice (Italy)  
22-23 April, 2010

**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](mailto:info@adbcongressi.it)) **within January 1, 2010.**

**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)
<b>Hotel Excelsior****</b>	Lungomare Marconi, 41 Lido di Venezia Ph. 0039 041.5260201 <a href="http://www.hotelexcelsiorvenezia.com">www.hotelexcelsiorvenezia.com</a>	<input type="checkbox"/> Double room single use € 178,00 <input type="checkbox"/> Double room € 231,00
<b>Grande Albergo Ausonia&amp;Hungaria****</b>	Gran Viale S. Maria Elisabetta, 28 Lido di Venezia Ph. 0039 041 2420060 <a href="http://www.hungaria.it">www.hungaria.it</a>	<input type="checkbox"/> Double room single use € 225,00 <input type="checkbox"/> Double room € 240,00
<b>Russo Palace Hotel****</b>	Riviera San Nicolò, 11/A Lido di Venezia Ph. 0039 041 5260519 <a href="http://www.russopalacehotel.com">www.russopalacehotel.com</a>	<input type="checkbox"/> Double room single use € 195,00 <input type="checkbox"/> Double room € 215,00
<b>Hotel Villa Edera***</b>	Via Negroponte, 13 Lido di Venezia 0039 041 731575 <a href="http://www.hotelvillaedera.com">www.hotelvillaedera.com</a>	<input type="checkbox"/> Double room single use € 180,00 <input type="checkbox"/> Double room € 190,00
<b>Hotel Riviera***</b>	Gran Viale S. Maria Elisabetta, 5 Venezia Lido Ph. 0039 041 5260031 <a href="http://www.rivieravenezia.it">www.rivieravenezia.it</a>	<input type="checkbox"/> Double room single use € 130,00 <input type="checkbox"/> Double room € 145,00

## 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, 2010: 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 + € 20,00 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  
**IBAN** IT77G0200802484000010800030 **BIC/SWIFT CODE** UNCRITB1MN0

Please indicate "EVIVENICE 2010" 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, 2010 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 2, 2010.

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 Directors 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 \_\_\_\_\_