

**EURING ANALYTHICAL CONFERENCE 2009**  
**14 th-20 th September 2009**

**ACCOMODATION BOOKING FORM**  
**To be sent before 27th August 2009**

HOTEL SERENA MAJESTIC  
Viale Carlo Maresca, 12 – 65015 Montesilvano (PE) Tel. +039.085.8369777 – Fax +039.085.7992187  
e-mail: bookingsm@bluserena.it

*FILL IN ONE SHEET PER PERSON*  
Personal Details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ Z.I.P. Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Birth place \_\_\_\_\_ District \_\_\_\_\_ Birth Date \_\_\_\_\_

Doc.Type: Driving licence  Identity Card  number \_\_\_\_\_ Release Date \_\_\_\_\_

**PLEASE BOOK:**

Single room  room with double bed  double room  triple room

\*To share with \_\_\_\_\_

\*When booking multiple bed rooms, please specify the name of the other guests.  
If not specified the booking reservation will not be confirmed.

**BOOKING**

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Half board

Full board FROM \_\_\_/\_\_\_/2009 lunch  dinner  TO \_\_\_/\_\_\_/2009 lunch  dinner

<input type="checkbox"/>	Full board in double and triple room € 48,00 per person per day
<input type="checkbox"/>	Full board in single room € 66,00 per day
<input type="checkbox"/>	Half board in double and triple room € 45,00 per person per day
<input type="checkbox"/>	Half board in single room € 63,00 per day
<input type="checkbox"/>	Extra for Social Dinner 18 <sup>th</sup> September 2009: € 24,00 per person (price for hotel guests)
<input type="checkbox"/>	Extra meal € 25,00 out of full board treatment

Fares are inclusive of VAT

*Rooms will be at guest disposal by 3.00 pm on the day of arrival and cannot be held after 11.00 am on the day of departure.*

*Serena Majestic is a Residence Hotel.*

*Guests will be hosted both in hotel rooms or residence units with equal fares and conditions.*

*Rooms and residence units will be assigned based on availability.*

**Serena Majestic Hotel Residence**

Viale Carlo Maresca, 12 • 65015 Montesilvano (PE) • Tel 085.83.699 • Booking 085.83.69.777 • www.bluserena.it • info@bluserena.it

**Bluserena S.p.A.** - Viale Carlo Maresca, 12 - 65015 Montesilvano (PE) - Tel 085.83.699 - Booking 085.83.69.777  
www.bluserena.it - info@bluserena.it - Capitale Sociale Euro 1.742.000,00 i.v. - C.F., P.I. e Registro Imprese di Pescara 01695910685  
Società soggetta all'attività di direzione e coordinamento della Carlo Maresca S.p.A. C.F., P.I. e Registro Imprese di Pescara 01705540688

Bluserena è Hotel e Villaggi a 4 stelle in **Abruzzo - Calabria - Puglia - Sardegna - Sicilia**

**BOOKING CONDITIONS**

We invite you to fill in this booking form including a payment of 30% of the amount due, as a deposit. This should be sent to Serena Majestic Hotel before 27th August 2009. Booking reservations will be confirmed upon receipt of deposit payment.

Deposit of € \_\_\_\_\_, \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
*in letters*

I include a copy of bank transfer to Bluserena S.p.A.

C/C: IBAN IT 76 L 06245 15421 000000219511 BPALIT41252 – Banca Caripe Agenzia 01 Pescara.  
Please, specify "Euring Analithical Meeting 2009" as the reason for payment.

I, the undersigned (last name and first name readable) \_\_\_\_\_

Owner of Credit card:

Mastercard  American Express  Visa  Diner's Club

Number \_\_\_\_\_ (16 digits) expirY date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allow Bluserena S.p.A. to charge the amount of

€ \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ )  
*in letters*

Signature (readable) of Owner: \_\_\_\_\_

**Any change or cancellations** must be sent in writing to our secretary **before 27<sup>th</sup> August 2009**. For cancellations within 27<sup>th</sup> August, the total amount will be refund. For cancellations after this date, the deposit will be retained as penalty clause (art. 15 DPR 633/1972). In case of premature interruption of journey, the total amount will be charged.

IF YOU NEED A RECEIPT PLEASE FILL HERE BELOW

AT THE END OF CONGRESS I ASK YOU TO RELEASE (choose one):  receipt  bill

ADDRESSED TO (choose one):  ME  THE FOLLOWING INSTITUTION / UNIVERSITY/ FIRM

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Z.I.P.Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

FiscalCode \_\_\_\_\_ VAT Code \_\_\_\_\_

PERSONAL EXTRAS  INCLUDED  NOT INCLUDED (separate receipt)

THE AMOUNT DUE (PENDING AMOUNT) WILL BE PAID TO THE CONCIERGE ON THE DAY OF DEPARTURE.

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

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