

ACCOMMODATION RESERVATION



Please send (by Fax or email) as soon as possible and no later than 10 May 2013 to:
(After 10 May 2013 we can no longer guarantee a reservation at the Hotel Village Baia Samuele)

IGV HOTEL VILLAGGIO BAIAM SAMUELE - MARISPICA
Punta Sampieri 97018 Scicli (Ragusa) – Ispica 97014 (Ragusa)
Fax.: +39 02 29046405 - Email : icvss2013@igrandiviaggi.it

Personal Data (Please write in capital letters)		
First name	Last Name	Gender (M/F):
Institution		
City	Zip code	Country
Telephone	Fax	
EMAIL (CAPITAL LETTERS):		
Please reserve (no other combination are allowed for discounted rates):		
<input type="checkbox"/> Single Room in Village from 14 (in) to 20 (out) + Breakfast + Lunch + Dinner (€ 780,00 pax -only 38 rooms available at this price)		
<input type="checkbox"/> Double Room in Village from 14 (in) to 20 (out) + Breakfast + Lunch + Dinner (€ 650,00 pax)		
<input type="checkbox"/> Triple Room in Village from 14 (in) to 20 (out) + Breakfast + Lunch + Dinner (€ 550,00 pax)		
<input type="checkbox"/> Quadruple Room in Village from 14 (in) to 20 (out) + Breakfast + Lunch + Dinner (€ 425,00 pax)		
The double/triple/quadruple room is shared with:		
If you mark just "YES Double/Triple/quadruple" in this field, IGV Staff will find some Students interested in.		
Please specify whether you want the invoice or receipt <input type="checkbox"/> Invoice <input type="checkbox"/> Receipt		
Please write in capital letters.		
Name – Surname _____		
Company _____		
Address _____		
City _____ Zip Code _____ Country _____		
VAT _____		
Deposit is 30% of total amount pax. In case of wire transfer a copy of the payment should be sent for the reservation.		
The remaining amount about your reservation should be played before 7 Jun 2013.		
Cancellation policy is attached at this module.		
For any further information please send an email to Baia Samuele Staff icvss2013@igrandiviaggi.it		
A confirm on your reservation will be sent by email by Baia Samuele Staff.		
PAYMENT DETAILS: (bank charges must be paid by yourself)		
Bank transfer to:		
In case of wire transfer copy of the payment should be sent together with this module		
Beneficiary: IGRANDI VIAGGI SpA; Beneficiary VAT/P.IVA: 09824790159		
Beneficiary Address: Via Moscova, 36 – 20121 Milano		
Bank: BANCA POPOLARE DI MILANO IBAN: IT 56 Q 05584 01610 000000013235		
Bank Address: Via Turati, 26 – 20121 Milano SWIFT CODE/ BIC: BPMIITMMXXX		
REFERENCE/CAUSAL: ICVSS 2013: NAME AND SURNAME		

By signing this form you are informed on the Law n.675 Dec 31, 1999 concerning the "personal data processing" in particular as concerns the articles 10,20,24,28 – I authorize ICVSS 2013 SCHOOL COMMITTEE, until written revocation, to process and divulge my personal data within the limit of the above mentioned law and in accordance with the procedure laid down by the law. I give my authorization providing that ICVSS 2013 SCHOOL COMMITTEE complies with the regulation in force.

ACCOMMODATION RESERVATION



PAYMENTS WITH CREDIT CARD

Cardholder's name: _____, as owner,

I authorize the company iGRANDI VIAGGI Srl, to change my credit card:

Type: ___ Visa, ___ American Express, ___ Mastercard

Card number: _____

Security number (CVV2 code): _____

expires _____ for the amount of € _____

SIGNATURE

DATE

**ICVSS STUDENT NAME AND SURNAME
ASSOCIATED TO THE PAYMENT**

CANCELLATION POLICY FOR RESERVATIONS CUSTOMERS

10% from 30 to 16 day before the arrival

30% from 15 to 7 day before the arrival

100% from 6 to 1 day before the arrival

BANK ACCOUNT

Beneficiary: iGRANDI VIAGGI SpA
Beneficiary Address: Via Moscova 36- 20121 Milano
VAT/IVA: 09824790159
Bank: BANCA POPOLARE DI MILANO AG. 10 Milano
Address bank: Via Turati, 26 - 20121 Milano
IBAN: IT56Q0558401610000000013235
Swift code/BIC: BPMIITMMXXX

REFERENCE/CASUAL ICVSS 2013 - YOUR NAME AND SURNAME