

**11th EHS European Haemovigilance Seminar**  
**Roma, 25/28 February 2009**

**Hotel Pineta Palace**  
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**Please complete this form and fax it to +39 06 30 13844**

**Reservation deadline: 30<sup>th</sup> January 2009**

(Thereafter reservations will be handled on availability and according to daily actual rates.)

Name: (First and Family name) -----

Address: -----  
-----

Fax Nr. (for reconfirmation): -----

Arrival Date: ----- Departure Date: -----

N° of nights: \_\_\_\_\_

**Accommodation:**

**Room rate per night:**

€90,00 per night, Double room for single use - standard room (N. \_\_\_\_\_)

€93,00 per night, Twin bed - standard room (N. \_\_\_\_\_)

€93,00 per night, Double bed - standard room (N. \_\_\_\_\_)

The above rates include Vat and American breakfast Buffet

€130,00 per night, Superior Room (N. \_\_\_\_\_)

€158,00 per night, Junior Suite (N. \_\_\_\_\_)

€180,00 per night, Suite room (N. \_\_\_\_\_)

The above rates include Vat and American breakfast Buffet

**The reservation can only be guaranteed with a credit card number and the complete address. Without this information we are not able to confirm the booking.**

- Credit card as guarantee with the confirmation by fax or e-mail and payment at the arrival in Hotel cash or by credit card.
- Dead line cancellation is 48 hours prior the arrival, otherwise one night will be charged.
- NO Show: one night will be charged

Card Type: American Express ( ) Visa ( ) Mastercard ( ) Diners ( )

Card holder: -----

Credit card: No:----- Exp.:-----

Signature: -----

Reconfirmation (by the hotel)

Res.Nr: ----- stamp/date/signature (hotel)-----