

Attendee's last name and name: \_\_\_\_\_

e-mail: \_\_\_\_\_ (please write in capital letters)

Check-in date: \_\_/\_\_/\_\_\_\_ Check-out date: \_\_/\_\_/\_\_\_\_ N.of rooms: \_\_\_\_\_

**Reservation is possible from June, 18<sup>th</sup> to March, 21<sup>nd</sup> 2026 included.**

To book additional nights outside the block's dates only according to our availability.

Double single Use room ☐ Double room ☐ Twin room ☐ Triple room ☐

Accompanying name: \_\_\_\_\_ Accompanying name: \_\_\_\_\_

Special requests (to be confirmed by the hotel according to availability): \_\_\_\_\_

| <b>Room rates</b>           |          |
|-----------------------------|----------|
| Double room for Single Use: | € 149,00 |
| Twin/Double Room:           | € 169,00 |
| Triple Room                 | € 209,00 |

Above mentioned rates are intended per room per night. Rates are inclusive of buffet breakfast and VAT (10%). City tax of € 7.00 per person per night not included. City tax quote and VAT Percentage here mentioned correspond to the valid currently quote/aliquot in use. In case of an increase or decrease of it, City Tax quote and Room Amount here mentioned will change accordingly.

These special rates are dedicated to **"NEW PERSPECTIVES IN SCIENCE EDUCATION"** Conference attendees only.

**PAYMENT:** Attendees can confirm and choose to paid for their reservations between the following two options:

- FIRST OPTION By credit card** (advance charge 7 days before arrival day required – city taxes paid on site):

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Owner's signature: \_\_\_\_\_

Copy of the ID or Passport \_\_\_\_\_

- SECOND OPTION Full prepayment with bank transfer** (Please be so kind to put the attendee/s name/s on the bank transfer reference and provide hotel with a copy via e-mail or fax):

#### MONTECARLO SPA IMMOBILIARE - GRAND HOTEL MEDITERRANEO

**Bank name:** Banca Intesa San Paolo agenzia Piazza Beccaria

C/c 100000002185 Abi 03069 CAB 02993 CIN Z

Codice BIC / SWIFT: BCITITMM

IBAN: IT34Z0306902993100000002185

#### BILLING INFORMATION FOR ISSUING THE INVOICE:

Name, Last Name or Company name \_\_\_\_\_

State, City, Address and postal code \_\_\_\_\_

VAT number or Tax code \_\_\_\_\_

**CANCELLATION POLICY:** Reservation can be cancelled without penalty up to 7 days prior to arrival. Cancellations out of the mentioned terms will be charged with 100% penalty as well as No-Shows.

#### IMPORTANT:

- This reservation form must be sent within May, 5<sup>th</sup> 2026. After this date, availability of rooms is not guaranteed.
- Please be so kind to send this form by e-mail to [booking.ghm@fhhotelgroup.it](mailto:booking.ghm@fhhotelgroup.it) or by fax **+39 055 532 6499**
- Please fill one form per each room needed.**