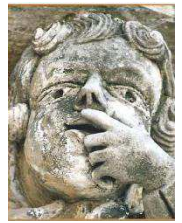




**5th International Course
on Functional and Aesthetic Surgery of the Nose
- LIVE SURGERY -
Imola (Bologna), Italy - October 19-22, 2014
www.imolarhinoplasty2014.com**



HOTEL ACCOMMODATION FORM

Please fill in this "Hotel Accommodation Form" and send it together with the receipt of payment to the Executive Secretariat:
A&R Eventi sas Via Renato Benassi 28 - 40068 San Lazzaro di Savena Bologna, Italy
Tel. +39 051 47 42 38 Fax +39 051 48 39 525 E-mail: clara@areventi.it

After August 15th 2014, hotel accommodation can not be guaranteed

PERSONAL DETAILS

Prof. Dr. Mr. Mrs. Ms.

NAME _____ SURNAME _____

INSTITUTE _____

DEPARTMENT _____

INSTITUTE ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TEL. _____ FAX _____ E-MAIL _____

MARK YOUR PREFERENCE

Prices are per room, per night and include breakfast, service and taxes - Prepayment of the total stay is requested to guarantee your accommodation
If the hotel of your choice is full, the Executive Secretariat will make a reservation in an alternative hotel of the same category and will inform you accordingly

Hotel Donatello / Hotel Molino Rosso 4 star

DUS room € 62,00

Double room * € 82,00

Eurohotel 3 star

DUS room € 57,00

Double room * € 70,00

* I will share my accommodation with: _____

Arrival date: _____ Departure date: _____

Other request (e.g. allergies, disability, vegetarian, etc.): _____

The organizing committee will try to do all the best to satisfy special requests according to local possibilities

Total nights' stay _____ X € _____ per room = € _____ +

Hotel reservation fee € 6,00 GRAND TOTAL € _____

INVOICING DETAILS

Name/Company _____

Address _____

Fiscal Code _____

VAT number/Tax Payer ID. _____

Zip Code _____ City _____ Country _____

METHOD OF PAYMENT

Bank Transfer made out to "A&R Eventi sas" - All bank charges should be cleared by participants

Bank: Cariparma Credit Agricole - Ag. Bologna 6

IBAN: IT70G0623002409000046397573

Swift Code: CRPPIT2P300

Please ensure that your name and reference "5th International Course-D14" are quoted in your bank transfer instruction and send a copy of this instruction, together with the "Hotel Accommodation Form", at the following fax no. +39 051 48 39 525

Privacy: the collection and utilization of personal data is according to the Italian law n. 196/2003

Date _____

Signature _____