INTERNATIONAL BEHAVIORAL NEUROSCIENCE SOCIETY 19th ANNUAL MEETING

June 8-13, 2010 - Villasimius (Cagliari), Sardinia - Italy

HOTEL RESERVATION FORM

DEADLINE May 13th, 2010

Please fill in and send this form to the Congress Secretariat Corsi & Congressi – Via del Pozzetto, 13 – 09126 Cagliari
Ph. +39 070 383373 – +39 070 383126 – Fax +39 070 3837102 – E-mail: eventi@corsiecongressi.it www.corsiecongressi.it

INFORMATION ON THE PROCESSING OF PERSONAL DATA

First name _____ Last name _____

Address _____ Zip code _____ City _____ District _____

State _____ Country _____

Telephone _____ Mobile _____ Telefax _____

E-mail _____

*Fiscal Code) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *VAT n° ☐☐☐☐☐☐☐☐☐☐☐

*(*Mandatory for Italians)*

INVOICING DATA *(To fill only if different from the above)*

Please be sure to fill in correctly the invoicing data. Any change in invoicing data after invoicing emission will be charged.

First name _____ Last name _____

(in alternative) Corporate name _____

Address _____ Zip code _____ City _____

State _____ Country _____

*Fiscal Code) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ *VAT n° ☐☐☐☐☐☐☐☐☐☐☐

*(*Mandatory for Italians)*

ACCOMMODATION at Tanka Village Resort, Villasimius (CA) - *Accommodation fee*

The package includes accommodation with full board for 5 days (from the lunch of June 8th 2010 to the breakfast of June 13th 2010 – or- from the dinner of June 8th 2010 to the lunch of June 13th 2010) and reservation fees, VAT included.

		IN Jun 8- OUT Jun 13
❒	Double room, per person	€ 495,00
❒	Double room single use, per person	€ 685,00
Children fares in double room with two adults		
❒	Child from 0/11 months (meals and cradle) per baby	€ 65,00
❒	Child from 1/3 years per child	€ 195,00
❒	Child from 4/11 years per child	€ 297,00

I wish to reserve a: n._____ double room, single use

n._____ accommodation fee for a double room

The allotment in double room with other Congress participants must be clearly indicated.

I share the room with_____

Possible extensions of the stay will be agreed according to availability. We kindly ask you to contact the Organizing Secretariat **Corsi & Congressi** well in advance in order to obtain the best conditions. My arrival date is _____ I will depart on _____ for a total of _____ nights. The rate is 99 Euros per person for a room with two adults and 137 Euros for a single adult staying in a room.

METHODS OF PAYMENT

❒ **Bank transfer** for a total amount of € _____headed to: *Corsi & Congressi S.a.s – IBNS Congress*
Unicredit Banca di Roma, Agenzia Cagliari Sole, 09126 Cagliari, Italy – IBAN:IT34E0300204814000005042795
BIC (SWIFT) Code BROMITR146A

Please, send a copy of the bank transfer with the accommodation form to the Fax: +39 070 3837102, otherwise the payment cannot be registered. **Bank transfer must not involve charges for the recipient.**

❒ **Credit card Authorization**: name of the credit card_____

Date of Birth (month/day/year):_____/_____/_____ Total Amount: _____

This data is required and necessary for any credit card correspondence transaction

I, the undersigned (print name), authorize Corsi & Congressi s.a.s. to withdraw €_____
from one of the following credit cards: ❒VISA ❒MASTERCARD ❒ CARTA SI ❒ AMERICAN EXPRESS

Card no. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date_____/_____

Cardholder's name _____Birth date _____

I hereby authorise the use of my credit card for the purpose specified above.

Place _____Date_____Cardholder signature_____

Please send us this Authorization to the following fax number: **+39 0703837102**

Information concerning the processing of personal data (item 13 of Law n. 196 dated 30 June 2003)

In accordance with provisions made by item 13 of Law n. 196/2003 pertaining to the Protection of personal data, Corsi & Congressi as the rightful data controller , hereby informs you that: personal data provided will be used for the sole purpose of fulfilling the aim of the contract undertaken; in particular processing will focus on the carrying out of administrative, commercial, accountancy and taxation issues having been adequately informed by the data controller in accordance with item 13 of Law 196/2003 . I give my consent

Data_____Signature_____