

**XXVI th International Conference on Polyphenols
Florence, July 22nd to 26th 2012**

HOTEL BOOKING FORM

To fill in completely and send back to:
ENIC Srl - Piazza Adua 1/d - 50123 Firenze
Tel +39 055 2608941 Fax +39 055 2608948
E-mail: aleducci@enic.it

**WE STRONGLY RECOMMEND TO REGISTER AND BOOK ACCOMMODATION WITHIN APRIL 30
th 2012. AFTER THAT DATE, AVAILABILITY AND RATES CANNOT BE GUARANTEED**

Surname _____ Name _____

Title: _____

Company / Institute: _____

Address: _____ Zip Code: _____

City _____ Country _____

Phone _____ Mobile phone _____ Fax _____

E-mail _____

HOTEL CATEGORY	DOUBLE ROOM	Select the Hotel of your choice	SINGLE ROOM	Select the Hotel of your choice
**** STARS				
Hilton Garden Inn – walking distance from the conference venue	Euro 140,00		Euro 130,00	
Nil Hotel	Euro 120,00		Euro 100,00	
NH Firenze	Euro 150,00		Euro 135,00	
NH Anglo American	Euro 150,00		Euro 135,00	
Grand Hotel Baglioni –city centre located	Euro 150,00		Euro 135,00	
Hotel Mirage	Euro 140,00		Euro 120,00	
*** STARS				
Hotel Diva	Euro 75,00		Euro 65,00	
Hotel Franchi	Euro 82,00		Euro 62,00	

Distance from the congress venue:

Hilton Garden Inn	Walking distance
Nil Hotel	15 minutes from the congress venue - city bus available
NH Firenze	Centre located – transfer needed 15/20 minutes – city bus available
NH Anglo American	Centre located – transfer needed 15/20 minutes - city bus available
Grand Hotel Baglioni	Centre located – transfer needed 15/20 minutes - city bus available
Hotel Mirage	15 minutes from the congress venue - city bus available
Hotel Diva	10 minutes from the congress venue – city bus available
Hotel Franchi	10 minutes from the congress venue - city bus available

- The prices mentioned above apply for one room/one night and include breakfast, taxes and services fees.
- Visitor tax excluded and to be paid upon hotel check-out (4 euros per day in 4-star hotels, 3 euros per day in 3-star hotels).

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Date of arrival	Date of departure		
Smoking /Non smoking	Special requirements		
N. ___ Double room _____ x first night deposit of € _____ + € 15,00 (agency fee)	Total € _____		
N. ___ Single room _____ x first night deposit of € _____ + € 15,00 (agency fee)	Total € _____		
TOTAL AMOUNT € _____ (the amount is net of all bank expenses)			

PLEASE NOTE: The deposit will be counted towards the final hotel bill upon payment of balance and on provision of the voucher sent by Enic following confirmation of the reservation. The hotel will issue the invoice/receipt for the amount of the full stay. The hotel accommodation will be provided according to availability. Hotel rooms will be assigned in chronological order in function of when requests are received.

PAYMENT The payment will be possible via the following processes:

Bank transfer (Please attach a copy of the Bank receipt including detail of payment concept) to:
ENIC Srl c/o Cassa di Risparmio di Firenze Italy IBAN IT58Y0616002806000040000C00- SWIFT CODE: CRFI IT 3F

Credit card: VISA MASTERCARD EUROCARD

Card number	CV2 Security Code	Expiration date
Card holder		

I authorize to debit my card of the amount of Euro _____ to cover the total expense as indicated in the present form.

Date	Signature
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CANCELLATION POLICY

To cancel or to change your hotel booking, please send an e-mail to aleducci@enic.it
No other form of cancellation will be acknowledged.

- For cancellations received by June 5th, 2012, your deposit will be refunded;
- For cancellation received between June 6th and June 21st, 2012, your deposit will not be refunded;
- For cancellation received from June 22nd on, and in case of no-show, a penalty of 100% of the amount of the whole stay will be applied.

In case of no show, a penalty of 100% of the total amount of your stay will be applied and room will be cancelled after 24 hours from arrival date. Early departures will be charged in full.

All refunds will be processed after the Congress

I hereby authorize to charge the aforementioned penalty amounts to the following credit card:

*** Credit card: VISA MASTERCARD EUROCARD

Card number	CV2 Security Code	Expiration date
Card holder		Euro

Date

*** Compulsory information for all reservations (payment by bank transfer included)

I authorize to charge my credit card for the full amount of my stay in case of cancellation after June 22nd, 2012 or in case of no show as per the Cancellation Policy.

Forms received without payment will not be processed

PRIVACY DISCLAIMER

I wish my details (name, organization and e-mail address) to be included in the conference list for new related to this and future editions of the International Conference on Polyphenols and related events.

I hereby authorize the use of my personal data under the terms allowed by the D. Lgs. 30 giugno 2003 n.196

Date	Signature
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