

DYSTONIA EUROPE

Hotel Booking Form

- **Fill out and e-mail directly to IBIS Styles Roma hotel in Rome using H9301@ACCOR.COM**

Booking is ONLY VALID with attached:

- **copy of the credit card provided**
- **copy of the card holder's passport**

We would like to book our accommodation at **Ibis Styles Roma Eur ******.
For the Dystonia Europe D-DAYS 2017.

Please find below our request:

Name and family name:

Arrival date _____ Departure date: _____

Total number of nights _____

Room type and fees:

12, 13 & 14 May – special congress rate:

€ 96,00 Double for single use € 117,00 Twin/Double room

Before 12 May and after 14 May:

€ 121,00 Double for single use € 137,00 Twin/Double room

Fees include VAT, buffet breakfast and wi-fi connection, tourist tax - 6 euro per person per night

PLEASE SPECIFY: two twin beds

one queen-size bed

Second occupying person's name:

Credit card: Visa Mastercard American Express CartaSi

Card holder

Card number

Card expiry date

Date _____

Signature _____

Payment method:

- **For 1 night stay:** a non refundable 50% of the total amount due deposit is required when booking;
- **For 2 or more nights stay:** a non refundable deposit of one night fee is required when booking;
- In any case, it is possible to settle the balance directly at the hotel.

Cancellation policy:

- Cancellations notified no later than 4.00 p.m. 7 days before the arrival day will be penalty free, except for the deposit which is non-refundable;
- Cancellations notified later than the above mentioned deadline will be charged the total amount due.

Booking method:

This booking form should be filled in and sent back by email to the following email address attaching the **required documents (copy of credit card together with copy credit card holder's passport) to: **H9301@ACCOR.COM****

Invoicing:

Should you need an invoice concerning your accommodation please indicate your data below. In any case please note that invoicing data should be communicated well in advance your arrival day; if not, we may not be able to guarantee an invoice will be issued (should that case occur, a simple receipt will be issued instead).

Company _____

Address _____

ZIP code _____

City _____

Country _____

Fiscal code _____

VAT number _____

Secretariat: Square de Meeus 37 - 4th Floor, BE-1000 Brussels, Belgium

E-mail: sec@dystonia-europe.org

Website: www.dystonia-europe.org

Facebook: www.facebook.com/dystonia.europe

VAT: BE0872308924