UCLG World Council FLORENCE 9-11 December 2011

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: alessandra@enic.it

TO BE SENT BEFORE AND NO LATER THAN 03 NOVEMBER 2011

Surname	Name					
Title:						
Organization/Local Governmen	t:					
Address						
City	Countr	γ				
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						
Westin Excelsior	Euro 236,5		Euro 220			
St. Regis	Euro 269,5		Euro 253			
****STARS						
Grand Hotel Baglioni (MAIN HOTEL)	Euro 164		Euro 138			
Cerretani	Euro 120		Euro 110			
L'Orologio	Euro 200		Euro 170			
Minerva	Euro 154		Euro 139			
Palazzo dal Borgo	Euro 150		Euro 130			
Santa Maria Novella	Euro 200		Euro 170			
*** STARS						
Club	Euro 115		Euro 95			
Machiavelli	Euro 109		Euro 99			
Rosso 23	Euro 120		Euro 100			
Universo	Euro 110		Euro 90			

- All selected hotels are walking distance from the meetings venue (5/10 minutes).
- 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 (5 euros per day in 5-star hotels, 4 euros per day in 4-star hotels, 3 euros per day in 3-star hotels).

HOTEL BOOKING

Date of arrival	Date of departure	Hotel category		
Smoking /Non smoking	Special dietary needs			
	x first night deposit of € x first night deposit of €	+ € 15,00 (agency fee) + € 15,00 (agency fee)	Total € 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.

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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 Banca di Cambiano Firenze Italy IBAN IT 53 W 08425 02800 000030568588 CRAC IT 33						
	Credit card:	□ VISA	☐ MASTERCARD	□ EUROCA	RD		
	Card number		CV2 Securit	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	!		Signa	ture			
	NCELATION POL		only if communicated in writ				
 For cancellations communicated before 30 October 2011, a 50% penalty will be applied to the deposit, in addition to a 15 Euros agency fee for administrative expenses. The deposit will be returned following the end of the meetings. For cancellations communicated between 30 October 2011 and 15 November 2011, a full penalty will be applied, in addition to a 15 Euros agency fee as a penalty expense. For cancellations communicated after 15 November 2011 and the case of a No-show, the total charge of the stay will be applied, in addition to a 15 Euros agency fee. I hereby authorize to charge the aforementioned penalty amounts to the following credit card: 							
***	Credit card:	\square VISA	☐ MASTEI	RCARD	□ EUROCARD		
	Card number		CV2 Securit	y Code	Expiration date		
	Card holder			Euro			
	Date						
*** Compulsory information for all reservations (payment by bank transfer included) Forms received without payment will not be processed							
PRIVACY DISCLAIMER I hereby authorize the use of my personal data under the terms allowed by the D. Lgs. 30 giugno 2003 n.196							
Date	2		Signatur	е			