# R<sup>3</sup>: DNA Replication, Recombination and Repair 1<sup>st</sup> Workshop, San Miniato (Pisa) 30 June – 2 July 2010

### HOTEL RESERVATION FORM

# RESERVATION WILL NOT BE PROCESSED IF FORM IS INCOMPLETE OR ILLEGIBLE COMPLETE AND CHECK APPROPRIATE FIELDS AND BOXES. SEND BY FAX TO +39 050 974148 – Total 3 pages

All hotel reservations will be processed on a first come first served basis.

HOTEL RATES		Single Room	Double Room	Triple Room
	Min	€ 29,00	€ 39,00	€ 47,00
	Max	€ 60,00	€ 90,00	€ 120,00

## All rates are per room per night

PERSONAL DETAILS – Please complete	this form in capital letters
First Name	
Family Name	
Address	
City	_ State / Prov
ZIP	Country
<b>Phone</b> (including international code) Ex +390509711721	
<b>FAX</b> (including international code) Ex +39050974148	
E-mail	

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# **HOTEL RESERVATION**

Arrival date	(day/month)Departure date (day/month)	
Total number	er of nights	
Room	Single	
	Double ☐ <i>Please specify</i> : One bed ☐ Two beds ☐	
	Triple	
Room Shari (Only for dou	ing with 1)2)uble or triple rooms)	
MANDATOF Since the nu following box	mber of single rooms is limited, and you don't have a roommate, please check the	
☐ YES I aç	gree to share my room with unknown roommate	
	RANTEE: all rooms must be guaranteed. ancellation or no show we will charge your credit card with the cost of one night.	
Please inser	t your credit card details:	
	☐MASTERCARD ☐VISA ☐AMERICAN EXPRESS	
CARD NUM	BER	
EXP. DATE MM/YY		
CARD HOLE	DER'S NAME	
V-CODE your credit ca	the Verification Code is a three of four-digit number on the back or front of	
$\Box$ I agree that Meridiana would charge my credit card with the cost of one night if I do not check in at the hotel or if I cancel my reservation		
DATE	CARD HOLDER'S SIGNATURE	

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#### HOTEL RATE AND AVAILABILITY

All rates are per room per night including tax.

Acknowledgment of your booking will be sent to the participant's e-mail address.

## For any question please contact:

Meridiana Events & Education srl Via A. Cocchi Trav. A n. 10 Loc. Ospedaletto Pisa 56121 Italy Mrs Giorgia Bandini Telephone: +39 050 9711721 Fax +39 050 974148 Giorgia.Bandini@meridianaevents.it www.meridianaevents.it

Date \_\_\_\_\_

#### PRIVACY POLICY

By sending in this registration form, I acknowledge that this form will be logged in a Competency Group maintained conference list. I allow the conference secretariat to send me updated information about the R3 DNA CONFERENCE I will be allowed to contact the conference secretariat anytime in order to remove my form from the list.

Information Note pursuant to Art. 13 of the Italian Civil Code concerning personal information protection (under Legislative Decree #196 dated 30 June 2003, containing the Consolidating Act regulating the protection of persons and other entities as to the processing of their personal information).

Your personal information and details made available for the purpose of registration to this event will be processed in compliance with the above-mentioned legal provisions and confidentiality obligations that inspire MERIDIANA EVENTS & EDUCATION's activity. Your personal information will be processed to proceed with Your registration and send You further information materials regarding our organization's activities.

	☐ I consent to my personal information being processed for the purposes specified in this Information Note.
	☐ I do not consent to my personal information being processed, unless for registration to this event.
Date _	Signature
As hot your re Check-check-In the Cance	RAL INFORMATION  tels will be fully booked at the time of the conference, we strongly recommend that you make esservation as soon as possible.  In time is 2:00 p.m. Check out time is 12:00 p.m. Participants staying in their rooms beyond out time without hotel authorization will be charged for an additional room night. events of "share-withs" or roommates, please send one form only. Illations must be sent in written form to Meridiana.  Illations received by May 20, 2010 will not be charged ellations received after May 20, 2010: the cost of the booked room for 1 night will be ed.
Please	e review all information for accuracy.
Please	e provide payment of your hotel booking at the hotel on arrival and collect invoice.

Signature \_\_\_\_\_

□ I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS