

**HOTEL RESERVATION FORM****HOTEL DEL LEVANTE\*\*\*\* - Torre Canne di Fasano (BR) Tel. 080 4820160 – Fax 080 4820096**Please fill in this form and fax it to (0039) 080 4820096 by **MAY 9, 2007**

Name \_\_\_\_\_ Surname \_\_\_\_\_

Affiliation \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_ ZIP code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ E.mail \_\_\_\_\_

**Please reserve in my name:**N° \_\_\_\_\_ Double room(s) (sole use)  Sea view € 115,00 per night per roomN° \_\_\_\_\_ Double room(s)  Sea view € 130,00 per night per room

An extra charge of 8,00 € per person per night is applicable for sea view rooms.

For the following people (please specify name and surname): \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out date: \_\_\_\_\_

A ONE-NIGHT DEPOSIT is required to make hotel reservation.

**Deposit payment of \_\_\_\_\_ euros**

- By bank transfer to: Gesthotels Srl / Hotel del Levante – Banca Popolare di Bari –  
Monopoli CIN D - ABI 05424 – CAB 41570 – C/C 2155  
IBAN : IT 67D 05424 41570 00000 1002155

In order for us to process your payment correctly, please state clearly on the form «SEBD 2007 hotel reservation». Please also send a copy of the bank transfer receipt to us by fax..

 By credit card: VISA  AMEX  DINERS  CARTA SI  MASTERCARD

Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_ mm/yy

For Amex cards, please also report CVV (NOT embossed group of four digits printed on the front towards the right)

Name \_\_\_\_\_

I authorize HOTEL DEL LEVANTE to charge \_\_\_\_\_ euros to my credit card

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

I consent to the processing of the personal data I have provided according to the Italian Legislative Decree 196/2003 on privacy.