



FQAS 2019

Hotel Reservation Form

Credit Card

Hotel Accommodation Fees

HR.1. Full Board per person / per day	85,00EUR
HR.2. Half Board per person / per day	75,00EUR
HR.3. Bed & Breakfast per person /per day	65,00EUR
HR.4. Extra Charge for Single Room per person /per day	20,00EUR
HR.5. Extra Meal (lunch or dinner) per person	30,00EUR
HR.6. Transfer from/to the airport/railway-station per person	15,00EUR



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Hotel Reservation Form

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Hotel Reservation Form

Name Surname

Full Address

Phone Fax E-mail

Arrival Date

Arrival Time (SUF)

Arrival Time (Amantea Train Station)

Transfer From ☐

Departure Date

Departure Time (SUF)

Departure Time (Amantea Train Station)

Transfer To ☐

Payment

Hotel Reservation Type	HR.1 <input type="checkbox"/>	HR.2 <input type="checkbox"/>	HR.3 <input type="checkbox"/>	HR.4 <input type="checkbox"/>	EUR:
Transfer From					EUR:
Transfer To					EUR:
Total					EUR:

Extra meals, if any, can be booked at the organizing secretary during the conference

☐ I enclose a copy of the credit card payment form

Receipt of Reservation:

☐ Receipt for fiscal purposes

☐ Invoice for: COMPANY NAME: _____
ADDRESS: _____
VAT ID: _____

Date

Signature

*Please **fill in and sign** the reservation form and send it by email with a copy of the enclosed credit card payment form to the following e-mail address: fqas2019organization@icar.cnr.it with subject: "FQAS 2019 –Hotel Reservation for <FullName>"*

Credit Card Payment Form

Please type or print legibly. To pay by credit card, please fill in below your name as it appears in your application/order and your ID number. Complete the cardholder information as requested.

1 Applicant name

[illegible]

First (given) and middle names (leave a space between names)

[illegible]

Last (family/surname) names (leave a space between names)

2 ID number

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3 Applicant birth date (spell the month and enter numbers for the day and year)

Month

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Day

--	--

Year

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4 Cardholder information

Cardholder name (as it appears on card)[illegible]

First name, middle initial and last name (leave a space between names)

Credit card type (check one) ☐ Visa ☐ Mastercard

Cardholder address (for processing credit card payments only)

[illegible]

Street

[illegible]

Street

[illegible]

City

State/Province

[illegible]

Post/Zip code

Country

Credit card number

[illegible]**CVV2 number*** (see below for explanation)

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Expiration date Month

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Year

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Total charges

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*Explanation of credit card CVV2 number

Visa and MasterCard: This number is printed in the signature area on the back of the card (they are the last 3 digits after the credit card number).



5 Cardholder signature (authorization for payment)

I hereby authorize a charge to my credit card for the total of all services ordered in this application including any fee adjustments in effect as of the date the order is received.

Signature of authorized cardholder