



SmartComp 2018 Conference

Giardini Naxos, 18/20 June 2018

HOTEL REGISTRATION FORM – ATAHOTEL NAXOS BEACH
(this form cannot be retained valid if all pages are not undersigned)

To be sent via Fax or email to
Atahotel Naxos Beach, Via Recanati, 26 - 98035 – Giardini Naxos, Messina
Tel. +39-0942-662149 Fax **+39-0942-51573 -662059** e-mail: meeting.naxosbeach@atahotels.it

Hotel reservation deadline: June 08th 2018

Last name _____ First name _____

Company/Institution _____

Address _____

City _____ State _____ ZIP _____ Country _____

Telephone _____ Fax _____ e-mail _____

I would like to reserve the following room type:

Number of persons _____

Double room used as single

Double room (twin beds)

Date of arrival _____ Date of departure _____ Number of nights _____

Expected time of arrival _____ Room to share with (see below) _____

N.B. if room is to be shared with an accompanying partner and/or Participant and you wish a separate invoice, DO NOT send a separate form, but inform the hotel of your invoice data as requested on page 2 .

Food intolerance and/or allergy _____

Rates:

Bed & Breakfast

Double room used as single:

95 EUR (per day/room) max 1 person

Double room:

127 EUR (per day/room) max 2 persons

TOURIST TAX*

2,00EUR (per person per day)

Above rates valid for the **SmartComp 2018** participants and are tax included (VAT 10%) . The participants will be accommodated in the Atahotel Naxos Beach (main building . Classic Villa rooms or Deluxe Villa rooms, according to the availability).

***Tourist Tax:** the above import is the rate for the season 2017. We will promptly inform you once we have the information for the 2018 season.



Important: registration will be confirmed for bookings guaranteed via credit card. All reservations will be valid and guaranteed only upon payment of first night not refundable - please see attached form to be filled in all its parts, undersigned and sent to us. The balance of payment will be due upon check-out.

Moreover, guests will be asked to provide a credit card when checking in, which will be photocopied to provide a guarantee in the event of any outstanding extras or accommodation payment

Payment

Guarantee by Credit Card:

I authorize the Naxos Beach Resort to charge* my credit card for the following amount: _____ **Euros**

Carta SI Mastercard Visa AMEX Other (please specify) _____

Card number _____ Expiration Date _____

Name on card _____

Date _____ Signature _____

Cancellation policy: (to read carefully and signed for acceptance)

- From 02 days or no show we will retain 100%.

No refund will be given to those who interrupt their stay (leave the hotel before established departure date).

Date _____ Signature for acceptance _____

Useful information

- 1) Check-in after 3:00 pm; check-out before 10:00am
- 2) Within the Complex it is not possible to pay services with money. Payments are made by means of the **Naxos key Card,** a plastic card with a microchip that records payments. It can be initially loaded with a fixed amount and it is rechargeable using cash from various locations conveniently located throughout the Complex. It is issued to all clients upon arrival and functions as a pass to gain access to the restaurants and as a key for the rooms
- 3) Registration confirmation will be sent via email

Invoice Data 1: please send all the data for the invoice. If the room is occupied by persons that need individual invoices, add these information below.

Name of Company/University or other:.....

Full address:.....

Telephone number:.....

E-mail address:

VAT N° (if in use):.....



Invoice Data 2: please send all the data for the invoice. If the room is occupied by persons that need individual invoices, add these information below.

Name of Company/University or other:.....

Full address:.....

Telephone number:.....

E-mail address:

VAT N° (if in use):.....



Attachment 1 - Credit card authorisation

ATAHOTEL

Address.....

Tax Code.....VAT n°

Tel:.....Fax:.....Email.....

Credit card authorization to guarantee payment of services:

Company\ NAME

Address.....Postcode.....

City:..... Prov..... Telephone.....

VAT no.:.....

Tax Code.....

ATAHOTEL..... is hereby authorised to **charge** the following services to the credit card:

All bookings of rooms and conference services, bookings made by the aforementioned company.

Payment with credit card:





CARDHOLDER'S NAME:.....

CARD N°:..... Expiry Date

The aforementioned person/company assumes all civil and criminal responsibility for the inaccuracy of data supplied, as well as for any extraordinary operations that ATAHOTEL Naxos Beach, through no fault of its own, should carry out as part of the payment process.

IMPORTANT: unsigned forms are not valid. Check that your credit card number is correct.

PLEASE ATTACH PHOTOCOPIES OF CREDIT CARD (FRONT AND BACK) AND IDENTITY DOCUMENT

Date.....

Cardholder's Signature
