

CREDIT CARD AUTHORIZATION FORM FOR RESERVATION

EVENT: _____

NAME AND SURNAME OF THE PARTICIPANT: _____

COMPANY: _____

COUNTRY: _____ HOTEL: _____

Please send us back this form signed for acceptance to proceed with the reservation for:

difference between double room and single room | **extra nights reserved** | **total stay reserved**

We need details of a credit card as a guarantee for the reservation. The payment of the reservation signed will be made at the check-out to the hotel management.

Credit Card: Mastercard CartaSi Visa Diner's Amex

No. _____ Expiration _____ / _____

CVV2(*) _____ Card holder's name _____
(*code CVV2: last three figures on the back of the credit card)

Date _____ Signature _____

CANCELLATION POLICY: In case of cancellation, no show or early departure the hotel will charge the amount of the reservation signed as penalty on your credit card.

Information on art. 13 EU Regulation No. 2016/679 (GDPR)

The personal data acquired thanks to the present module is collected for purposes connected to execution of the event and will be processed using both electronic and non-electronic tools. The data collected (such as name, surname, credit card details) will be processed only by appointed personnel and may be communicated to hotels in order to guarantee the reservation. Providing data is compulsory in order to make hotel booking and to issue standard invoice. The person concerned may resort to the exercise of his / her rights for what provides by the articles 15-22 of the GDPR. Complete information on www.adriacongreg.it.

I authorise for my personal data to be processed to inform me of similar initiatives or consultancy services provided by the data controllers Yes No

Date _____ Signature _____

We remain at your disposal for further information.

Best regards,

Adria Congrex srl - Production Department

Tel. +39 0541 305856 - Fax. +39 0541 305894 - Email: roomsttg@adriacongreg.it