



HILTON SORRENTO PALACE REGISTRATION

**The Fourth Mediterranean Emergency Medicine Congress (MEMC IV)
15th – 19th September 2007**

Please return this form by **July 15th, 2007** to HILTON SORRENTO PALACE
Tel. +39 081 8784141 Fax. +39 0818781397 e-mail: rm.sorrento@hilton.com

Name: _____

Address: _____

Tel: _____ Fax: _____ e-mail : _____

HHonors Card Type & Number if applicable _____

I wish to reserve for: Arrival date _____ Departure date _____

- | | |
|--|-------------|
| <input type="checkbox"/> Single room Rear View (Max 20) | Euro 130,00 |
| <input type="checkbox"/> Double for single use room rear view | Euro 195,00 |
| <input type="checkbox"/> Double room rear view | Euro 225,00 |
| <input type="checkbox"/> Double for single use room sea view | Euro 245,00 |
| <input type="checkbox"/> Double room sea view | Euro 275,00 |
| <input type="checkbox"/> Executive Double for single use room sea view | Euro 275,00 |
| <input type="checkbox"/> Executive Double room sea view | Euro 305,00 |
| <input type="checkbox"/> Executive Top Floor Double for single use room sea view | Euro 295,00 |
| <input type="checkbox"/> Executive Top Floor Double room sea view | Euro 325,00 |

Above rates are per room, per night, *including buffet breakfast and tax*. Reservations and room allocations will be dealt with on a first-come first-served basis.

The Check-in time for the Guest Rooms is from 3 p.m. The Checkout time is before 10 a.m.

Requests for accommodation received after July 15th, 2007 will be subject to the availability at the hotel.

Please select below for your lunch advanced booking as appropriate:

- | | |
|---|------------|
| <input type="checkbox"/> Buffet Lunch – September 15 th , 2007 | Euro 39,00 |
| <input type="checkbox"/> Buffet Lunch – September 16 th , 2007 | Euro 39,00 |
| <input type="checkbox"/> Buffet Lunch – September 17 th , 2007 | Euro 39,00 |
| <input type="checkbox"/> Buffet Lunch – September 18 th , 2007 | Euro 39,00 |
| <input type="checkbox"/> Buffet Lunch – September 19 th , 2007 | Euro 39,00 |

Above rates are inclusive of beverages (½ lt. of water and ¼ lt. of wine or 1 soft drink) and tax.

I guarantee my arrival with the following credit card:

Card Holder Name: _____

Card type _____ Card N° _____ Expiry Date _____

Signature _____ Date _____

Please be advised that your reservation can only be processed if credit card details are provided.

Upon received this form, the Hilton Sorrento Palace will charge the participant the first 2 nights of the stay as a non refundable deposit, in case of cancellation until July 15th, 2007.

For any cancellation received after July 15th, 2007 and in case of no show, early departure, reduction of stay, the hotel will charge the participant for the entire stay booked.

No penalty charge will be applied for lunch cancellations before September 7th, 2007. For any cancellation after this term the related amount will be charged as penalty.

THANK YOU for choosing HILTON SORRENTO PALACE
(to be completed by Hilton Sorrento Palace only)

Accepted by _____ Title _____

Reservation N° _____ Comments _____