

ESHRE Inter SIG campus and consensus conference
“Poor ovarian response (POR)”
Bologna, Italy, 19 & 20 March 2010

To be returned to Planning Congressi before February 27th 2010



Via Guelfa 9
40138 Bologna (Italy)
Ph. 0039 051 300100/Fax 0039 051 309477
E-mail: m.melchiorre@planning.it

Madam Miss Mister

SURNAME _____

FIRST NAME _____

ORGANIZATION _____

TITLE _____

ADDRESS _____

ZIP CODE _____ CITY _____

COUNTRY _____

PHONE _____ MOBILE _____

FAX _____ E-MAIL _____

Please reserve a hotel 4 stars S 4 stars 3 stars

Type of room single double twin

Nr of persons _____ should be accompanied by _____

Check in _____ March 2010

Check out _____ March 2010

ACCOMMODATION FORM

HOTEL CATEGORIES AND RATES

CATEGORY	TYPE OF ROOM	RATE	NR. OF NIGHTS	TOTAL	REGISTRATION FEE	TOT. AMOUNT	YOUR CHOICE
4 STARS SUPERIOR (walking distance from congress venue)	single	€ 165			€ 15		<input type="checkbox"/>
	double or twin	€ 180			€ 15		
4 STARS	single	€ 115			€ 15		<input type="checkbox"/>
	double or twin	€ 130			€ 15		
3 STARS	single	€ 80			€ 15		<input type="checkbox"/>
	double or twin	€ 105			€ 15		

Hotel rates include B&B treatment.

IMPORTANT

Accommodation will be booked only upon receipt of a completed form with receipt of payment, in case of bank transfer, or credit card data.

PAYMENT

▼ **By bank transfer:**

BANCA POPOLARE DELL'EMILIA ROMAGNA
 AG. 6 VIA MASSARENTI 228 40138 BOLOGNA – ITALY
 IBAN: IT 18 C 05387 02598 000000000291
 BIC SWIFT CODE: BPMOIT22
 Entitled to Planning Congressi srl Via Guelfa 9 40138 Bologna - Italy
Please attach the receipt of the transfer to the form.

▼ **By Credit Card**

VISA CARTASI' MASTERCARD EUROCARD

Card n. _____

Card holder _____ Expiry date _____

Last 3 digit corresponding to the number on the backside of your card _____

I the undersigned , authorize Planning Congressi to charge my credit card for the amount of my hotel reservation

Signature _____

▼ **Cancellation**

Written cancellation before February 27th will be refunded, after a deduction of 25 € for administration fees.
Cancellation after February 27th will not be refunded.

Date _____

Signature _____

**TO BE RETURNED BY FAX OR BY MAIL TO PLANNING CONGRESSI
 BEFORE FEBRUARY 27TH 2010**