

# SARDINIA 2009

12<sup>th</sup> International Waste Management and Landfill Symposium  
5th – 9th October 2009  
Santa Margherita di Pula (Cagliari) Sardinia – Italy

PLEASE NOTE: THIS FORM IS NOT FOR THE CONFERENCE REGISTRATION BUT ONLY FOR HOTEL AND TRANSFER RESERVATION

## RESERVATION FORM – Participants Section

To be sent by **31<sup>st</sup> of August 2009** to:

F.A. Travel Srl – Via San Tommaso d'Aquino, 18 – 09134 Cagliari (Italy)

**FAX: +39 070 8943271** or **E-Mail: landfill@fatravel.it**

**PHONE: +39 070 554195**

### PARTICIPANT:

- Surname ..... - Name.....  
- Address ..... - City.....  
- Country ..... - Postal Code .....  
- Phone..... - Fax ..... - e-mail (PLEASE WRITE CLEARLY!) .....  
- Codice Fiscale (for Italian citizens) .....  
- arrival date..... - departure date.....

### ACCOMPANYING PERSON:

- Surname ..... - Name.....  
- Address ..... - City.....  
- Country ..... - Postal Code .....  
- Phone..... - Fax ..... - e-mail (PLEASE WRITE CLEARLY!) .....  
- Codice Fiscale (for Italian citizens) .....  
- arrival date..... - departure date.....

**NB: all the *hotel services* will be invoiced by the hotel when you check-out – *transfer services* will be invoiced by F.A. Travel**

**If you wish the invoice to be sent to your company, please complete the following information:**

- Company.....  
- Address.....  
- Country ..... - Postal Code .....  
- VAT No. (Compulsory for Companies in the EU).....  
- Codice Fiscale (for Italian citizens).....  
- Phone..... - Fax .....  
- e-mail (PLEASE WRITE CLEARLY!) .....

### Important additional information for all guests:

In accordance with Italian Legislation D.Lgs. 196/2003 art. 7 Code on privacy we inform you that:

The personal data you will provide to our collaborators will be used following the lawfulness and clearness and protecting the confidential nature and the rights foreseen by the mentioned law code.

The personal data provided will be processed both electronically and in paper format in order to:

1. fulfil the contract requirements
2. fulfil the accounting and fiscal obligation in force

This personal data may be transferred outside of national territory, even temporarily, in any form and using any means to the following categories of persons or responsible in charge: internal staff in charge with the data processing for commercial purposes; internal staff in charge with the data processing for accounting and fiscal purposes; companies handling transport services; companies handling accommodations; professionals and consultants; insurance companies.

This personal data will be processed for the whole contract period and afterwards to fulfil all the law requirements. We would like to inform you also that communication of personal data is compulsory and the refusal will automatically cancel any request for services made.

## RESERVATION FORM – Flight details Section

(Must be completed only if you need a transfer to/from the hotel)

ARRIVAL DATE: ..... FLIGHT FROM..... FLIGHT N°..... ARRIVAL TIME.....

**Please indicate only the flight details to Cagliari-Elmas Airport (Sardinia)**

DEPARTURE DATE: ..... FLIGHT TO..... FLIGHT N°..... DEPARTURE TIME .....

→ If you are not arriving by plane, please indicate only your arrival and departure date.

**RESERVATION FORM (Half Board – VAT included) –Hotel Booking Section**

(Put an 'X' in the appropriate box) – Price per person per night

| <b>FORTE VILLAGE HOTELS</b>                          | <b>Double room</b> | <b>X</b> | <b>Double as single use</b> | <b>X</b> |
|--|--------------------|----------|-----------------------------|----------|
| HOTEL IL VILLAGGIO (4****)<br>HOTEL LE PALME (4****) | € 110              |          | € 140                       |          |
| HOTEL PINETA (4****)<br>HOTEL IL BORGO (4****)       | € 118              |          | € 148                       |          |
| HOTEL CASTELLO (5*****)                              | € 130              |          | € 160                       |          |
| HOTEL LE DUNE (5*****)                               | € 230              |          | € 290                       |          |
| HOTEL VILLA DEL PARCO (5*****)                       | € 240              |          | € 300                       |          |
| HOTEL CASTELLO <i>DELUXE</i> (5*****)                | € 265              |          | € 325                       |          |

N° of rooms requested: .....

N° of people per room: .....

**THE DEPOSIT MUST BE PAID IN ADVANCE AS CONFIRMATION FOR HOTEL BOOKINGS (the outstanding amount must be paid when you check-out):**

- **300,00 Euros** per person for Il Villaggio/Le Palme /Pineta/Il Borgo for stays of **5 nights or more**
- **75%** of the entire amount due for stays of **4 nights or less** and for all stays at Hotel Villa Del Parco/ Hotel Dune/ Castello and Castello Deluxe

**RESERVATION FORM –Transfer Section**

**THE TOTAL AMOUNT FOR TRANSFERS MUST BE PAID IN ADVANCE WITH THE DEPOSIT FOR THE HOTEL:**

**Bus Transfers**

- From Elmas airport to Forte Village Hotel will be available as follows:

Saturday October 3<sup>rd</sup> from 2.00pm to 11.30pm

Sunday October 4<sup>th</sup> from 8.30am to 11.30pm

Monday October 5<sup>th</sup> from 8.30am to 11.30pm

- From Forte Village Hotel to Elmas airport will be available as follows:

Friday October 9<sup>th</sup> from 2.00pm to 8.00pm

Saturday October 10<sup>th</sup> from 6.00am to 8.00pm.

On Sunday October 11<sup>th</sup> a bus transfer service will be arranged in the early morning (at about 7.00am) and in the afternoon (2.00pm).

**One way**      € 30 per person   

**Roundtrip**      € 60 per person   

**Arrival transfer: N°.....People**

**Departure transfer: N°.....People**

**Private transfers** (they can also be arranged during the whole congress at the foyer):

- Private car (from 1 to 3 people)      € 90 per car

- Minibus (from 4 to 8 people)      € 122 per minibus

→ **Please don't forget to complete the information regarding DATES and FLIGHT DETAILS!**

**RESERVATION FORM – Payment Section**

Services requested should be paid by:

- **Bank transfer to F.A. TRAVEL SRL:** (PLEASE NOTE: BANK CHEQUES AND TRAVELLER'S CHEQUES ARE NOT ACCEPTED)

| <b>BANK</b>  | <b>BANK DETAILS</b>   |
|--|---|
| BANCA DI CREDITO SARDO SPA<br>Piazza Deffenu 4<br>09125 CAGLIARI<br>SARDEGNA – ITALY | IBAN: <b>IT46F030590482010000013155</b><br>BIC/SWIFT: <b>BCITITC1610</b><br>FAVOUR OF: <b>F.A. TRAVEL S.R.L.</b><br>ACCOUNT No.: <b>10000013155</b> |

*Name and services requested should be specified in the subject of the transfer*

*Please ensure that all payments made by bank transfer are NET of bank charges and commission fees*

- **Credit Card:** Please complete and send the attached **Form** and fax or e-mail it to: F.A. Travel (Fax +39 070 8943271)



This is to confirm that F.A. TRAVEL S.R.L. can charge my credit card for the following costs:

€ ..... for .....  
€ ..... for .....  
€ ..... for .....

TOTAL € .....

AMERICAN EXPRESS \_\_\_\_\_  
MASTER CARD \_\_\_\_\_  
(NO DINERS!)

VISA \_\_\_\_\_ (NO Visa Electron / Cirrus / Maestro!)  
SI \_\_\_\_\_

CARD NUMBER:

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

EXPIRY DATE  -   
month year

NAME OF CARD HOLDER \_\_\_\_\_

Name and Surname.....  
Address .....  
Postal Code.....Country.....  
Date of birth .....

**SIGNATURE** \_\_\_\_\_ Date.....

N.B.: if you are a Company Card holder please indicate name and address of Company:

.....  
.....

---

We understand and respect the importance of your privacy. It is our policy that personal information, such as your name, postal address, e-mail address or telephone and credit card number are **private and confidential**. Accordingly, the personal information you provide are accessible only by designated staff and are only used for the purpose for which you provide the information (such as to book a hotel room). Personal information **are not released to third parties**, except if release is required by law, or is pertinent to judicial or governmental investigations or proceedings. There are no other circumstances under which we will provide or sell personal information to third parties.

---

Please sign this form in order to confirm the authorisation of payment and send it to the FAX No: +39 070 8943271