|  |  | <b>NES 2025</b>                       | ant Englis                    |               |                 |  |
|--|--|---------------------------------------|-------------------------------|---------------|-----------------|--|
| 29th IEEE International Conference on Intelligent Engineering Systems 2025   |  |                                       |                               |               |                 |  |
|  | NDS HOTEL & bertà, 128/A - 900                       |                                       | -                             |               | e 2025          |  |
|  | SANDS HO   | CONSTRUCTION OF THE A CONGRESS CENTRE |                               |               |                 |  |
| N.B. Please, fill in the form and send it within the 01st of May 2025 to:  |  |                                       |                               |               |                 |  |
| eventi@saracenhotelpalermo.com   |  |                                       |                               |               |                 |  |
|  | Surname  | Nar                                   | ne                            |               |                 |  |
| e-mail:  |  |                                       |                               |               |                 |  |
| Mobile phone:  |  |                                       |                               |               |                 |  |
| Reservation notes:   |  |                                       |                               |               |                 |  |
| Food intolerances:   | Check  | in check-out da                       | 100                           |               |                 |  |
| Arrival date:<br>Departure date:   | X the box below a                                    | Check-in: fro<br>Check-out: v         | m 3:30 p.m.<br>vithin 10:30 a | a.m.          | ·•              |  |
|  | A the box below a                                    | ccording to you                       |                               | on preference | ,e              |  |
|  |  | mark with X                           | rate                          | nr. of nights | Total           |  |
|  |  |                                       | € 90,00<br>€ 110,00           |               |                 |  |
| TWIN ROOM  |  |                                       | € 110,00<br>€ 110,00          |               |                 |  |
| Total reservation  |  |                                       | £ 110,00                      |               |                 |  |
| The rates above are intended per r   | oom per night, buffet l                              | breakfast and 10%                     | 5 VAT include                 | d             |                 |  |
| NB: the city tax - € 2,00 per person   |  |                                       |                               |               |                 |  |
| PREPAYMENT - NOT REFUNDABLE<br>the total of reservation is to b<br>either by bank transfer or by<br>Bank Transfer:           | E RESERVATION:<br>be paid at the mom<br>credit card. | S OF PAYME                            |                               |               | ding this form, |  |
| Remittee Saracen<br>BANK: UNICRE   | Saracen s.r.i.<br>UNICREDIT - Agenzia: 22136 CAPACI  |                                       |                               | 320           |                 |  |
|  | 02008 43200 000103                                   |                                       | WIFT: UNC                     | RITM1G94      |                 |  |
|  | on: INES 2025 - n                                    |                                       |                               |               | nt              |  |
|  |  | OR                                    |                               |               |                 |  |
| Credit card: VISA  |  | n°                                    |                               |               |                 |  |
| MASTEF<br>AMERIC   |  | n°<br>n°                              |                               |               |                 |  |
| expiry d   | late:  |                                       |                               | CVV           |                 |  |
| Cardholder: surname:   |  |                                       | name:                         |               |                 |  |
| I authorize the Hotel to charge the total amount of the reservation on the above credit card<br>Signature of the cardholder: |  |                                       |                               |               |                 |  |
| Do you want to invoice your company or organization?   |  |                                       |                               |               |                 |  |
| YES (please, write down full data):<br>NO (the invoice will be issued to the participant)                                    |  |                                       |                               |               |                 |  |
|  |  |                                       |                               |               |                 |  |
| <u>N.B.</u> Reservations will be confirm which this form is received - The   |  |                                       |                               |               |                 |  |
| (credit card or bank transfer cop  |  |                                       |                               |               |                 |  |