## seneca S.p.A.

sede legale e operativa
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Piazza Velasca, 5 - Torre Velasca 20122 Milano (MI) Italy



## Hotel Booking Request for DIPAC 2007

| To the kind attention of                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City: Venice - Mestre -                                                                                                                                                                                                                                                           |
| Date of arrival Date of departure                                                                                                                                                                                                                                                 |
| Kind of room: SGL DBL Double for Single Use                                                                                                                                                                                                                                       |
| The maximum budget of expense per day: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$                                                                                                                                                                                                    |
| Number of roomsNumber of nights                                                                                                                                                                                                                                                   |
| Credit Card Charge Authorization                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                   |
| With the present communication the Undersigned :  Surname and Name                                                                                                                                                                                                                |
| Surfiame and Name                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                   |
| Date of Birth                                                                                                                                                                                                                                                                     |
| Address                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                   |
| Rate per room per night                                                                                                                                                                                                                                                           |
| Total amount                                                                                                                                                                                                                                                                      |
| Credit Card Holder (Visa Electron Cards are excluded)                                                                                                                                                                                                                             |
| Type:                                                                                                                                                                                                                                                                             |
| Number: Expire:                                                                                                                                                                                                                                                                   |
| Is informed that bookings can be cancelled within 20 <sup>th</sup> April 2007 06.p.m. prior date of arrival (or different if communicated at reservation time) by sending an e_mail to the following address dipac2007@senecacmp.com                                              |
| <ul> <li>Is informed that if the cancellation terms are not respected the amount of the first night will be charged as penalty (or different amount if communicated at reservation time)</li> <li>Authorises the amount to be charged on the above credit card number.</li> </ul> |
| The Undersigned assumes all responsibilities concerning the property of the card and all declarations connected.                                                                                                                                                                  |
| Date                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                   |
| Signature                                                                                                                                                                                                                                                                         |
| Please send back the present document to the fax number 0039-0871-83607, enclosing back and front copy of the                                                                                                                                                                     |

credit card, underscribed by the holder. In case of uncomplete document or in absence of the credit card copy, the

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booking request will be intended not valid.

All information will be used in order to supply the services requested.