
AQUAHOTEL

EVENT 13-17 APRIL 2025

EOE 2025 CONFERENCE

To be sent to Aqua Hotel

email to info@aquahotel.it or via WhatsApp 3356306416

Via Mantegazza 12/14 Tel: 0541-53264

EVENT BOOKING FORM - APRIL 2025

1. PARTICIPANT

Name and Surname _____

Phone/Mobile _____ Email _____

2. COMPANION

Name and Surname _____

3.

Phone/Mobile _____ Email _____

4. HOTEL BOOKING

I/We wish to book:

nr. _____ Single use Double Room (€84 **per room** per night)

nr. _____ Double/Marriage Room (€109 **per room** per night)

nr. _____ Triple Room (€129 **per room** per night)

nr. _____ Quadruple Room (€149 **per room** per night)

5. Stay period:

Arrival _____ Departure _____ (exact dates)

PRICES VALID FOR THE NIGHTS FROM 14 TO 17 APRIL 2025

Tourist tax: €4 per person per day not included in the price

The above rates are **per room per night** and include accommodation and buffet breakfast, service, and hotel VAT.

OPERATING PROCEDURES:

- Bookings must be sent via email to info@aquahotel.it . Telephone bookings are not accepted.
- To confirm the reservation, the hotel will send a confirmation email within 24 hours of receiving this form.
- Any personal extras, tourist tax, parking, bar or minibar consumption, etc., must be settled directly at departure by each participant.
- It is possible **to cancel the booking free of charge until 15 March 2025**. For any cancellation after this date, 100% of the cost for bed and breakfast will be charged.

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Payment Methods:

- **Bank Transfer:** 100% of the confirmed amount for each booked room. The transfer should include the note:
"Deposit for stay - NAME and SURNAME - EOE 2025 CONFERENCE"
Beneficiary: Rimini Bene SRL, Via Mantegazza 12/14, 47921 Rimini, PI CF 02432140404
Bank: RIMINIBANCA CREDITO COOPERATIVO DI RIMINI E VALMARECCHIA SOC. COOP.
IBAN: IT32 B 08995 24202 000000024845
Branch: Rimini Viale Tiberio
Swift: ICRAITRRRNO
- **Credit Card:**
 I want to pay with a credit card. Please send me a link to proceed with the online payment.

Billing Information for Accommodation and any Extras:

COMPANY: _____

ADDRESS: _____ ZIP: _____

CITY: _____ VAT No.: _____

TAX ID No.: _____

Consent to the Processing of Personal Data:

I consent to the processing of my personal data pursuant to Article 13 of Legislative Decree No. 196/2003 and subsequent amendments, for the purpose of storage in the documents of the recipient (Hotel Aqua Rimini).

Date: _____

Signature: _____

For CONFIRMATION: _____