***2023 Padua Days on Muscle & Mobility Medicine***

**Hotel Petrarca, Montegrotto, Piazza Roma 23, Montegrotto Terme,**

**Euganean Hills, (Padua), 35122 Italy**

**Phone +39 049 891 1744 - Email: petrarca@hotelpetrarca.it - https://www.hotelpetrarca.it/**

***Sessions’ Organizers: Elisabeth R. Barton, Ugo Carraro, Marcus Coplin, Paolo Gargiulo, Elena P. Ivanova, Helmut Kern, Nathan K. LeBrasseur, Christiaan Leeuwenburgh, Alessandro Martini, Stefano Masiero, Marco Narici, Rosanna Piccirillo, Riccardo Rosati, Jorge Ruas, Marco Sandri, Piera Smeriglio, Carla Stecco, H. Lee Sweeney***

**ACCOMMODATION Hotel Petrarca (Hotel Four Stars)**

Piazza Roma, 23, 35036 Montegrotto Terme PD, Italy - **Phone: +39 049 891 1744 - E-mail: petrarca@hotelpetrarca.it**

Last Name ………….……………………………………… First Name ………………………………………………………………..…

Address ……………………………………………………………………………………………………………………….……………………….

…………………………………………………………………. ZIP…………..………….…. City ……………..………………………………….

Province/State ………………………….……………….. Country …………………………………………………………….……………

Phone ………..…………………………..………….. E-mail ………..…………………………..…………..

Arrival Date: …………………..… Departure: …………………….…… (mm/dd/yyyy) Number of nights………...…

**Double room per person Single room per person**

**FOUR DAYS FULL BOARD FOUR DAYS FULL BOARD**

**€ 400.00 (extra day: € 100.00) € 440.00 (extra day: € 110.00)**

**PLEASE NOTE THAT THE AMOUNT COVERS FULL-BOARD OF ALL 4 DAYS OF THE MEETING**

**warm swimming pools entrance is included**

Sharing room with …………….……………………….…… Date: ………………….… Signature: ………………………………

***ALL PAYMENTS MUST BE SENT DIRECTLY TO THE HOTEL PETRARCA***

**METHODS of PAYMENT:**

**1. PayPal Receiving Account:** [**petrarca@hotelpetrarca.it**](mailto:petrarca@hotelpetrarca.it)

**2. Credit Card: VISA ….. AMEX ….. MASTERCARD ….. MAESTRO …..**

**Credit Card Number: ……………………………………………**

**Surname …………………………………………… Name ………………………….…………. Expiry Date: ……………..…..**

**Date: ………………………….. Signature: ………………………………..……………….………………………………………..**

**3. Bank transfer to: INTESA SANPAOLO SPA, Viale Stazione, 16 - 35036 MONTEGROTTO TERME (PD)**

**Beneficiary Name: HOTEL PETRARCA TERME - IBAN: IT61 Z 03069 62682 07 4000 810736 – BIC: BCITITMM**

**Please print the FORM, fill in and send to both Ugo Carraro - Email:** [**ugo.carraro@unipd.it**](mailto:ugo.carraro@unipd.it)

**and HOTEL PETRARCA - E-mail:** [**petrarca@hotelpetrarca.it**](mailto:petrarca@hotelpetrarca.it)