

HOTEL BOOKING FORM MEETING CINECA 1ST DECEMBER 2014

SURNAME:		NAME: _	
Tel.:	Fax :	e-mail:	
* CREDIT CARD:*THE HOTEL WILL ONLY CEXPIRY DATE, CARD NUMB	CONFIRM BOOKINGS GUARANT ER AND NAME OF THE CARD H	TEED BY CREDIT CARD, STATOLICER.	TING THE CARD TYPE (VISA, MASTERCARD ETC.),
CREDIT CARD NUM	//BER:		
EXPIRY DATE:	CA	ARD HOLDER:	
**INVOICE ADDRES **PLEASE ADVICE HOW YO	S:U WOULD LIKE THE HOTEL TO	ADDRESS YOUR FINAL INVOK	CE FOR ROOM ACCOMMODATION
ARE DEEMED VALID ONLY	FOR SINGLE USE FOR TWO PEOPLE (TV FOR TWO PEOPLE (1 DM PER NIGHT AND INCLUDE UP TO 14 TH NOVEMB JOTED ACCORDING TO AVAILA	ER 2014. AFTER THIS D	€ 115.00 € 135.00 € 135.00 FAST BUFFET. PLEASE NOTE THAT THESE RATES ATE, OR IN THE EVENT THE ALLOTMENT FINISHES, ING.
14 YEARS OLD), AND UP TO *TAX: € 1.00 FOR RATES 120,99 / € 4.00 FOR RATE ** FOR STAYS OVER 5 NIG	D A MAXIMUM 5 ** DAY CONSE FROM € 1,00 TO 30,99 / € 1. ES FROM E 121,00 AND OVER	CUTIVE STAY WILL BE APPLIE 50 FOR RATES FROM € 31,0 . THE RATES ARE PER PERSO , EVEN IN DIFFERENT HOTELS	PER NIGHT (NOT APPLICABLE TO CHILDREN UNDER D STARTING FROM $01/09/2012$. 0 to $70,99 / \in 2.50$ for rates from $\in 71,00$ to on and net of VAT. c_{0} , the tax is due only for the first c_{0} nights.
CHECK IN DATE: CHECK OUT DATE:	□ 30 TH NOVEMBER □ 1 ST DECEMBER	R D 1 ST DECEMBE DECEMBE	R R
	BE MADE FOR CANCE		HIN 23/11/2014; AFTER THIS DATE A

NO SHOW.

IN ORDER TO FACILITATE YOUR RESERVATION, PLEASE COMPLETE AND RETURN THIS BOOKING FORM TO THE FOLLOWING EMAIL ADDRESS:

meeting.excelsior.bo@starhotels.it OR BY FAX: +39 (0)51/249448