

IARIA/VICOV  
**ACCOMMODATION BOOKING FORM**

Please fax the completed form directly to the Hotel H10 Roma Città  
FAX. N° 39-06 5593263 TEL. N°. 39-06 5565215  
[reservations.hrc@h10hotels.com](mailto:reservations.hrc@h10hotels.com)

LASTNAME:..... FIRSTNAME: .....

COMPANY:.....

ADDRESS:.....

CITY:..... COUNTRY:.....

ZIP CODE: ..... E-MAIL: .....

TELEPHONE:..... FAX:.....

**ACCOMMODATION**

Please check your needs for accommodation:

**ROOM TYPE**

Double for single use  
Double room


90,00 € / room / night  
110,00 € / room / night

Smoking

Non Smoking

- ✓ Buffet breakfast included
- ✓ 10 % taxes included

**SPECIAL NOTES:** .....

**TRAVEL INFORMATION**

Arrival Date:.....Estimated arrival time: .....

Departure Date:.....Estimated departure time: .....

Check in: from 3 p.m.

Check out: until 12 a.m.

**RESERVATION MUST BE GUARANTEED WITH A CREDIT CARD NUMBER.**

Credit Card Name and Number:.....

Expiry Date.....

Credit Card Holder:.....

THE FINAL CUT-OFF DATE FOR BOOKING IS **19/06/2016**  
FOLLOWING THIS DATE ALL BOOKINGS WILL BE SUBJECTED TO AVAILABILITY.

**48 HOURS CANCELLATIONS OR NO SHOWS WILL BE CHARGED FULL STAY TO THE ABOVE CREDIT CARD. ALL CHANGES AND CANCELLATIONS MUST BE IN WRITING.**

**HOTEL USE ONLY**

Reservation number: .....

Booking confirmed by:.....

