

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

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

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|--|
| |
| |

€120.00 / room / night
€ 140.00/ 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 **30/01/2018**
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:.....

