



**RESERVATION FORM**  
**25 – 27 NOVEMBER 2016**

Please return to the hotel this form either by fax (+390897042030) or by e-mail ([meeting@grandhotelsalerno.it](mailto:meeting@grandhotelsalerno.it)). The confirmation is subject to hotel availability.

It is obligatory makes us to reach within 5 days from the arrival date, the rooming list : specifying the composition of the same ones with last name, name, place and date of birth and residence of the customers.

Name \_\_\_\_\_ Surname \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Postal Code \_\_\_\_\_ Check in \_\_\_\_\_ Check out \_\_\_\_\_  
e-mail \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

**Hotel booking**

Number of rooms	Room Type	Special rate valid for the ...conference	IN dd/mm/yy	OUT dd/mm/yy	No. of	Total €
	Standard Single	77,00 + city tax				
	Standard Twin	104,00 + city tax				
	Standard Double	104,00 + city tax				
	Superior Single	97,00 + city tax				
	Superior Twin	124,00 + city tax				
	Superior Double	124,00 + city tax				

**PRICES per room, VAT included with Buffet Breakfast**

Rates per room, per night, VAT 10% and Buffet Breakfast included

Standard rooms: internal view, with shower – Superior rooms: sea view with bathtub.

Check in from 04.00 pm

Check out until 10.00 am

The above mentioned rates not included the city taxes ( 3,00 euros per night per room). This Tax not apply to children under 12 years

**PAYMENT INFORMATION**

The rate indicated is Not Refundable, the reservation must be paid at moment of confirmation.

The booking should be completed by 10/10/2016, after this date the above-mentioned rates cannot be guaranteed.

Cancellation policy:30 days before arrival: no penalty for cancellation; From 29 to 15 days: 1 night will be charged; From 15-10 days: 2 nights will be charged. Up to 10 days before arrival date: the entire booking will be charged

**Payment method**

**1) BANK TRANSFER**

**"IMMOBILIARE PANORAMICA SRL", IBAN IT10 D 0326815201 052673484360**

Please send a copy of the bank receipt to the fax number +39 089 7042030 with your Name and Surname.

The currency date must be the same as the transaction date.

**2) CREDIT CARD**

Visa  MasterCard

**Card Holder's Name:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Card holder Signature:** \_\_\_\_\_

I authorize the Hotel to deduct from the credit card indicated total amount

Date: \_\_\_\_\_ Guest's Signature

Hotel Confirmation number: