Tel/Phone +39 47400 - Fax No +39 070 474016

email: reservation@thotel.it





## Cagliari, 7-9 June 2017

## **HOTEL RESERVATION FORM**

Please fill in block letters and return to Thotel via fax: +39 070474016 or e-mail reservation@thotel.it DEADLINE for Advance Booking: May  $2^{nd}$ , 2017

PHONE/FAX _	email	<del></del>
ACCOMPANYIN	NG PERSON:	
FAMILY NAME	FIRST NAME	
[	Thotel (site of the Conference)	
	Classic Double room single use	€ 135,00
	Classic Double room (double occupancy)	€ 155,00
-	De Luxe Double room single use	€ 155,00
L	De Luxe Double room (double occupancy)	€ 175,00
Above mentioned ra Requests for hotel guaranteed.	ates, reserved to Conference participants, are per room per day and are incl reservation should be received no later than May 2 <sup>nd</sup> 2017, after this	usive of preaktast and VAI  date bookings and tariffs are not
□ <b>Check-in</b> AFTER	14:00 - arrival day □ <u>Check-out</u> BY 12:00 departure day	
PLEASE CONFIRM	THE FOLLOWING RESERVATION	
	) DEPARTURE DATE (OUT) = n	
☐ Double room si	ngle use	
□ Double room*	€ x n nights = <b>Total</b> €	_
*PLEASE INDICATI	E IF DOUBLE BED OR TWIN BEDS:	
	ccepted only if accompanied by the credit card data. The reservation will be cre-authorise your credit card prior to your arrival.	confirmed by e-mail or fax. Please not
CREDIT CARD DA	<u>TA</u>	
Credit Card type:	□ VISA □ AMEX □ MASTERCARD	)
Cardholder Name:_		
	Expiration date:	
Cardholder signatur	re	
CANCELLATION P		
	d be received by writing. For cancellations received <u>afte<b>r May 25<sup>th</sup> 2017</b></u> , on of "no show" the full amount of the stay will be charged	e night rate will be charged to your
D	ate Signature	
Payments by bank t	ransfer are also possible. Please contact Thotel Reservation Department (c	ontact details at the head of this form)