



Hotel ★★★★
Villa Carlotta

HOTEL REGISTRATION FORM
For the



Please answer directly to the Reservations Department:

Fax : +39 055 2336147

Tel : +39 055 2336134

e-mail: info@hotelvillacarlotta.it

Guest Name: _____	Surname: _____						
Address: _____ _____							
Fax n°/e-mail: _____							
Arrival date: _____	Departure date: _____						
Breakfast + taxes incl.:	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Classic Single room</td> <td style="text-align: center;">Classic Double as Single</td> <td style="text-align: center;">Double Room</td> </tr> <tr> <td style="text-align: center;">125 EUR</td> <td style="text-align: center;">150 EUR</td> <td style="text-align: center;">169 EUR</td> </tr> </table>	Classic Single room	Classic Double as Single	Double Room	125 EUR	150 EUR	169 EUR
Classic Single room	Classic Double as Single	Double Room					
125 EUR	150 EUR	169 EUR					

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard or JCB) and expiry date.

- Upon reception of this form the Hotel will charge 1 night's charge on the credit card hereunder mentioned.
- The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel.
- For any cancellation until 21 days before your arrival one night cancellation fees will apply (deposit).
- For any cancellation within the last 20 days prior to your arrival or in case of Non Show full cancellation fees will apply.

Signature : _____

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Credit card number

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Expiry date

Pls note that we will send you a confirmation fax/ e-mail with the confirmation number as soon as we have checked the availability. Pls make sure that you have received such a confirmation.

Dear Sirs,
We are pleased to confirm the above reservation with the following confirmation number: _____

We look forward to welcoming you soon at the **Hotel Villa Carlotta, Florence.**