HOTEL degli ORAFI
Firenze

HOTEL REGISTRATION FORM
For the

EuroCMR 2010
Firenze ~ Florence ~ Italy
27-29 Maggio ~ May 27th-29th

Please answer directly to the Reservations Department:
Fax : +39-055 2662111 Tel : +39-055 26622 e-mail: info@hoteldegliorafi.it

Guest Name: _____ Surname: _____

Address: _____

_____

Fax n°/e-mail: _____

Arrival date: _____ Departure date: _____

Classic Single room	**Double for single use**	**Classic Double/Twin room**
EUR 180	**EUR 220**	**EUR 260**

Rates including American breakfast, VAT 10% and service
With a minimum stay of 3 nts 10% discount on above rates

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 : _____

Credit card number

Expiry date **Cin code**

Credit card holder name

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 degli Orafi, Florence.**