



HOTEL REGISTRATION FORM



Please answer directly to the Reservations Department:
Fax : +39 055 23 98 867 **Tel :** +39 055 239 87 11 **e-mail:** pittipalace@vivahotels.com

Guest Name: _____	Surname: _____
Address: _____	
Fax n°/e-mail: _____	
Arrival date: _____	Departure date: _____
<input type="checkbox"/> Standard Double for Single use <input type="checkbox"/> Standard Double Room	
Breakfast +taxes incl.:	140 EUR 165 EUR
<input type="checkbox"/> Superior Double for Single Use: € 210 <input type="checkbox"/> Superior Double: € 235	

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 **Pitti Palace al Ponte Vecchio Hotel, Florence.**