



**RESERVATION FORM**  
**XLVII CONGRESSO INTERNAZIONE SLI 2013**  
**On 25 -26-27-28 SEPTEMBER 2013**

Please return to the hotel this form either by fax (+390897042030) or by e-mail ([info@grandhotelsalerno.it](mailto:info@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 \_\_\_\_\_

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

Number of night	Type of rooms	€	Number of night	On 25 26 27 28 September 2013
	Standard Light Single			77,00
	Standard Light Twin			99,00
	Standard Light Double			99,00
	Standard Light Triple			126,00
	Standard Light Quadruple			153,00
	Standard Single			102,00
	Standard Twin			124,00
	Standard Double			124,00
	Superior Single			122,00
	Superior Twin			144,00
	Superior Double			144,00
	Superior Triple			171,00
	Superior Quadruple			198,00
	Deluxe Single			142,00
	Deluxe Double			164,00
	Half Board supplement			25,00
Notes:				

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

Standard and Light rooms: not sea view – Superior and Deluxe rooms: sea view

Check in from 04.00 pm

Check out until 10.00 am

**To be Added a City Tax euro 3,00 per person per nights**

**PAYMENT INFORMATION**

The booking confirmation should be completed within 30/06/13, beyond this date the application of mentioned rates cannot guaranteed.

A credit card number is required to confirm. No penalty will be applied for cancellation received more than 10 days before arriving date, otherwise the credit card will be charged with the amount of the 1<sup>st</sup> night.

**Payment method**

**1) BANK TRANSFER**

**"IMMOBILIARE PANORAMICA SRL IBAN IT 67 N 02008 15206 000010776102**

Please send a copy of the transfer to fax number +39 089 7042030, specifying 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 forward you my credit card details for guarantee purposes. In case of cancellation or no-show I authorize the Hotel to deduct from the credit card indicated the charge according to the above policy".

**Cancellation Policy:**

- Cancellation from 29 to 10 days before check-in date: no charge

- Cancellation received from 9 to 1 day before check-in date/no-show: will be charged the full stay.

Date: \_\_\_\_\_

Guest's Signature

Hotel Confirmation number: \_\_\_\_\_