

HOTEL RESERVATION FORM

Please send this form to:

Hotel Continental Terme - Via M. Mazzella, 74 - 80077 ISCHIA (NA) ITALY
 e-mail : contiterme@leohotels.it, Fax: + 390813336261 – www.continentalterme.it

Surname _____ First name _____
 Company/Institution _____
 Address _____
 Town inc. Zip Code _____ Country _____
 Phone _____ Fax _____ Company's VAT nr. _____
 e-mail _____

I WOULD LIKE TO RESERVE

Date of arrival _____ Date of departure _____ Number of nights _____
 Double room nr _____ Double room used as single nr _____
 Single room nr _____ Triple room nr _____

Hotel reservation deadline: 1st May 2010

RATES per room per day (lodging, bed & breakfast, taxes 10% VAT Included)

Double room used as single (1 person)	120,00 EUR	Single room (1 person) limited to availability	75,00 EUR
Double room (2 persons)	150,00 EUR	Triple room (3 persons)	nd

METHOD OF PAYMENT

By Credit Card: payment will be due at the check out.
 Carta SI Mastercard Visa AMEX Other (please specify) _____
 Card number _____ Expiration Date _____
 CVVCode _____ Name on card _____

In case of cancellation, I agree to be charged one night for cancellation after 13th May 2010 or in case of no show

Date _____ Signature _____

Without credit card - A deposit of 30% of the total is due within two weeks after the confirmation of the booking by the Hotel Continental Terme through bank transfer.
 Balance of payment will be due at the check-out.