



Hotel Villa Mercede
(fax. n. +39 06 9416461)

ACCOMMODATION FORM
to be sent by 18 February 2009

Surname & Name _____

Institution _____

Address _____

City _____ State/Region _____

Country _____ Zip/Postal Code _____

E-mail _____

Phone _____ Fax _____

Room Rates, per day (VAT included):

Single Bed&Breakfast	Euro 65,00
DUS (single occupancy) Bed&Breakfast	Euro 75,00
Double-Room Bed&Breakfast	Euro 90,00

Please complete the following form to reserve your room:

Type of room _____ Sharing room with: _____

Date of arrival _____ Name 1 _____

Arrival time _____ Attendant Accompanying Person

Date of departure _____ Name 2 _____

Number of nights _____ Attendant Accompanying Person

The hotel will confirm your reservation VIA FAX or E-MAIL.
As guarantee, it is necessary to provide credit card information:

Surname & Name _____

Credit Card Type _____

Expiration date _____

Credit Card Number _____

SIGNATURE

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