

## **HOTEL BOOKING FORM**

Please complete this form and send it by fax to +39 089 7633633 or by e-mail to booking@lloydsbaiahotel.it

First & Last Nam	пе		· · · · · · · · · · · · · · · · · · ·		
Company					
Address					
City		ZIP / Postal Code	Country	Country	
E-mail		Telephone Number	Fax Number	Fax Number	
Arrival Date	Arrival Time		Departure Date	Departure Time	
<ul> <li>Classic room</li> <li>Classic room</li> <li>Supplement</li> <li>Supplement</li> <li>Supplement</li> <li>The above men</li> <li>City tax of Euro</li> <li>Check in from 1</li> </ul>	3,00 per person, per night 4.00 pm. Check out within AND PAYMENT II uarantee my arrival and se	per night, VAT currently at 10% and is not included in the room rate.		o VISA	
Credit Card Num	ıber			Expiring Date	
Credit Card's Ho	older First and Last Name				
		Card Holder Signature  ervation can be processed only if your credit card number is added to this page.  7. Please call + 39 089 7633111 for more information.			
	epends on notel availability	. Piease caii + 39 089 7633111 f0f i	more information.		

No charge for cancellation notification in writing by 14:00 pm seven days prior your arrival. One night room rate for cancellation after the above time and date.

Total amount of the pre-booked stay for no-show.

