

LPAW 2025
Laser and Plasma Accelerators Workshop

HOTEL RESERVATION FORM

To be sent via email by March 13th – Reservation Code: LPAW2025

booking@hotelcontinentalischia.it

Surname _____ First name _____
 City _____ Country _____
 Phone _____ Fax _____
 E-mail _____

Deadline for reservation: March 13th, subject to room availability.

After this date, rates will not be guaranteed

Rates per person and per night (lodging, breakfast, lunch, dinner, internet Wi-Fi, taxes 10% VAT Included) City tax 3,00
 EUR per person per day not included – to be paid at the hotel on departure.

The following rates are per person, per night and inclusive of full-board and VAT

Double-room (single use)	Double-room (2 persons)	Fares for 3rd/4th bed		
185,00	140,00	> 12 years 100,00	Children under 2 years = free	Children within 2 and 12 years = 70,00

Please complete the following form to reserve your room:

Arrival date (DD-MM-YY) _____ Departure date (DD-MM-YY) _____ Number of nights _____

Double-room single use	Double-room (2 persons)	Double-room (family)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of Adults _____ No. of Children _____ Children age _____

I will share the room with _____ Attendant Accompanying Person

The hotel will confirm your reservation VIA E-MAIL

A deposit of 1 night is required to confirm reservation.

The deposit will be returned only in case of written cancellations received before April 5th 2025.

The remaining balance of the reserved room will be paid at check-in

The balance of any other extras and city tax is due at check-out.

PLEASE CHOOSE YOUR PREFERRED PAYMENT METHOD (*)

By credit card with Pay-by-link (**)

By Bank Transfer (***)

Date _____

Signature _____

(*) The deposit of 1 night is due upon receipt of the booking confirmation by the Hotel Continental

(**) a pay-by-link will be sent by e-mail with the booking confirmation for the deposit payment on a secure server by credit card.

(***) IBAN CODE: IT64F0538739931000001330731; SWIFT/BIC Code: BPMOIT22XXX.

ACCOUNT HOLDER: Continental Terme srl.

Please send a copy of the bank transfer statement via fax or e-mail.