



RESERVATION FORM

Please return to the hotel **within July 31st 2009** this form filled in block letters either by fax (+390897042030) or by e-mail (booking@grandhotelsalerno.it).

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 rooms	Type of room **	Rates €*	Number of nights	Sub total
	Double for Single use Standard	90,00		
	Double for Single use Superior	110,00		
	Double for Single use Deluxe	130,00		
	<input type="checkbox"/> Double / <input type="checkbox"/> Twin Room Standard	110,00		
	<input type="checkbox"/> Double / <input type="checkbox"/> Twin Room Superior	130,00		
	<input type="checkbox"/> Double / <input type="checkbox"/> Twin Room Deluxe	150,00		
	Extra bed	20,00 Per bed per night		
	Social dinner	30,00		
Notes/Special requests:				Total

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

** Standard rooms: rear view – Superior and Deluxe rooms: sea view

PAYMENT INFORMATION

Room charges and personal extras will be settled at the Hotel, upon departure.

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 policy below.

CREDIT CARD

Visa MasterCard American Express Diners

Card Holder's Name: _____

Credit Card Number: _____

Expiration Date: _____ Card holder Signature: _____

Cancellation Policy:

- Cancellation from 2 days before check-in date: no charge
- Cancellation received 1 day before check-in date/no-show: one night room rate will be charged

Date:
Hotel Confirmation number:

Guest's name and Signature