

RESERVATION FORM – VICOV EVENT EXPERT – IARIA CONFERENCE

PLEASE SEND THE FORM FILLED DIRECTLY TO H10 Roma Città

FAX. N° 39-06 55 93263 TEL. N°. 39-065565215

Att: [Mr. – Reservations / MICE Department](#)
reservations.hrc@h10hotels.com

BOOKABLE PERIOD: 24-29/05/2015

SURNAME:..... NAME:

SOCIETY:

ADDRESS:

CITY: COUNTRY:

CAP: E-MAIL:

PHONE: FAX:.....

RESERVATION:

PLEASE SPECIFY YOUR REQUEST:

TYPE OF ROOM:

Double single use
Double

<input type="checkbox"/>
<input type="checkbox"/>

125,00 € / room / night
145,00 € / room / night

- ✓ Full American Breakfast included
- ✓ 10% Vat included
- ✓ 6,00 € per night per person for the city tax not included
- ✓ Payment direct to the departure

Eventual note:

Date of arrival: Time of arrival:

Date of departure: Time of departure:

Check in: from 15.00 Check out: until 12.00

The reservations have to be guaranteed with a credit card.

Number of credit card:

expiration:

Owner of the credit card:

Deadline allotment **27/03/2015**,
After that date the request will be on request under availability

All rooms cancelled less than 72 hours before the arrival date will be charged for the entire stay.

Hotel Space reserved:

Numero di Prenotazione:

Confermato da: