



Hotel Reservation Form

Friends of Florence
May 15th - 19th 2013
The St Regis Grand Hotel Rome Via V.E Orlando 3, 00185 Roma
Events Operation Office Ph. 0039 06 4709 2711 - Fax 0039 06 4709 2828

Name _____
Company _____
Address _____
Phone Number _____ Fax Number _____
Arrival Date/Time _____ Departure Date/Time _____

Agreed rates

Superior / Deluxe rooms:

- Double room single occupancy Euro 350,00= daily
 Double room double occupancy Euro 370,00= daily

Imperial rooms:

- Double room single occupancy Euro 430,00= daily
 Double room double occupancy Euro 450,00= daily

American buffet breakfast is included
VAT 10% HAS TO BE ADDED
City Tax Euro 3,00 per person per day, to be added
Check-in time is from 3 :00 PM
Check-out time is by 10:30 AM

Flight Number _____ Arrival Time _____

**THE FOLLOWING DEPOSITS WILL BE CHARGED ON YOUR CREDIT CARD TO SECURE RESERVATION
ALL RESERVATIONS MUST BE RECEIVED WITHIN JANUARY 31ST 2013.
ANY ROOM NOT RESERVED AFTER THIS DATE WILL BE AUTHOMATICALLY RELEASED.**

- **Upon receipt of Booking Form the Hotel will charge 1 night of stay on the Individual credit card provided as per room deposit
**On April 1st 2013 the Hotel will charge the 2nd night of stay on the Individual credit card provided
**On April 15th 2013 the Hotel will charge the 3rd night of stay on the Individual credit card provided
**Settlement (plus incidentals and additional nights, if required) is due upon check-out

**IN CASE OF CANCELLATION THE FOLLOWING PENALTIES WILL BE APPLIED
(RETAINED FROM DEPOSITS CHARGED) :**

- ** Cancellations made on or before January 31st 2013: deposit charged on the Individual credit card will be returned
** From February 1st 2013 to March 31st 2013: 1 night deposit charged on credit card will be retained by the Hotel
** From April 1st 2013 to 15th April 2013: 2 nights deposit charged on credit card will be retained by the Hotel
** From April 14th 2013 to April 30th 2013: 3 nights deposit charged on credit card will be retained by the Hotel
**From May 1st 2013 until arrival day, including No-Shows: all deposits charged, representing 100% payment of reserved stay, will be retained by the Hotel

Visa MasterCard American Express Other

Card Number _____ Exp.Date _____

Client 's handmade signature for authorization charge:

**PLEASE RETURN THIS FORM DIRECTLY TO THE HOTEL NO LATER THAN JANUARY 31st 2013
direct fax for events reservation 0039 06 4709 2828**

In accordance with the Credit Card Companies Requirements, please return only by fax this form duly filled-in