

**ROOM RESERVATION FORM**

Contact Person Laura Bessi

(l.bessi@lungarnocollection.com Tel +3905527266809, Fax +39 0552608630)

**GROUP NAME: Friends of Florence June 2015 Program****PERIOD: June 10-15, 2015****Hotel Lungarno, Borgo San Jacopo, 14 - 50125 Firenze tel. 055 27261 fax 055 268437**

This reservation form should be used to guarantee a room. Listed below are the current best prices for participants to the Event.

**GUEST INFORMATION**

LAST NAME:	FIRST NAME:
TELEPHONE:	FAX:
E-MAIL:	

**ROOM REQUIREMENTS**

ARRIVAL DATE: (Check-in time after 14:00) (dd-mm-aaaa)	DEPARTURE DATE: (Check-Out time Before 12:00) (dd-mm-aaaa)
<input type="checkbox"/> Relaxing rooms (classic rooms not facing the river), Euro 330 for single occupancy ( ) Euro 350 for double occupancy ( )  <input type="checkbox"/> Prestige rooms (superior rooms facing the river), Euro 530 for single occupancy ( ) Euro 540 for double occupancy ( )  <input type="checkbox"/> Deluxe rooms (deluxe rooms facing the river), Euro 580 for single occupancy ( ) Euro 590 for double occupancy ( )	<b>Rates are per room per night and it include Buffet Breakfast.</b> <b>To be added City tax of Euro 4 per person per day and 10% VAT</b>  <b>Official check in time 14.00 – Official check out time 12.00</b> Early check-in and late check-out (Later than departure or earlier than check in) can be arranged subject to availability and -depending on time- there could be a surcharged.

**DEPOSIT:**1 night non refundable deposit (inclusive of VAT) will be charged on May 10<sup>th</sup> 2015.

Balance will be paid at check out

I hereby authorize to charge on May 10<sup>th</sup> 2015 the due deposit on the following credit card:

CC: \_\_\_\_\_ (name of the holder)

<input type="checkbox"/> Diners <input type="checkbox"/> Credicard / Mastercard <input type="checkbox"/> Credicard / MasterCard Business <input type="checkbox"/> American Express	<input type="checkbox"/> American Express Corporate <input type="checkbox"/> Visa <input type="checkbox"/> Others: _____
Credit card number:	Expiring Date: Security Code:

**CANCELLATION POLICY.**

Up to May 10<sup>th</sup> 2015 we will be able to cancel your confirmed reservations without penalty. From May 11<sup>th</sup> 2015 to June 8<sup>th</sup> 2015, for total cancellation, we will apply a penalty equal to the loss of the non refundable deposit. From June 9<sup>th</sup> 2015 to arrival date we will apply a 100% penalty (the value of 1 night for each cancelled night)

**IMPORTANT INFORMATION**

\* Please do not sign blank authorizations \* Reservations should only be made using this form \* No reservations will be confirmed nor guaranteed unless credit card details are supplied with the booking . \*The deposit is non refundable \* **There is a limited number of rooms please send reservation within January 30<sup>th</sup> 2015.**

\* **The booking is only confirmed after the hotel sends the confirmation voucher to the provided e-mail address**

\* I declare being informed and aware of the conditions above.

DATE:	SIGNATURE:
-------	------------