

INTERNATIONAL BACCALAUREATE October, 12-14 2023



Attendee's last	t name and name:					
e-mail:					(please write in capital letters	s)
Check-in date:	//_ Che	ck-out date:/	/	N. of rooms:		-
Double single	Use room □	Double room		Twin room	Triple room \Box	
Accompanying	g name:		_Acco	mpanying name: _		
Special reques	ts (to be confirmed by the hot	el according to availabil	ity) : _			
	Double room for Single Use: Twin/Double Room:			€ 165,00 € 180,00		
tax of € 4.90 p valid currently mentioned will	per person per night quote/aliquot in use l change accordingly	not included. Cire. In case of an	ty tax o	quote and VAT Per se or decrease of it	of buffet breakfast and VA centage here mentioned cor, City Tax quote and Room	respond to the Amount here
GUARANTE	ES AND PAYMEN	T: Attendees ca	n conf	irm for their reserv	ations with	
• Credit	card details (guaran	tee only, no advanc	e charge	e – direct payment at ch	neck-out):	
Credit card number:		Expiration date:				
Cardholder naı	me:					-
Owner's signar	ture:					
• Full pr	repayment with ba	nk transfer (Ple	ase be	so kind to put the atte	ndee/s name/s on the bank transf	fer reference and

Full prepayment with bank transfer (Please be so kind to <u>put the attendee/s name/s on the bank transfer reference</u> and provide hotel with <u>a copy via e-mail or fax</u>):

MONTECARLO SPA IMMOBILIARE - GRAND HOTEL MEDITERRANEO

Bank name: Banca CR Firenze - Intesa San Paolo S.p.a.

IBAN IT34 Z030 6902 9931 0000 0002 185

SWIFT: BCITITMM

CANCELLATION POLICY: Reservation can be cancelled without penalty up to 7 days prior to arrival. Cancellations out of the mentioned terms will be charged with 100% penalty as well as No-Shows.

IMPORTANT:

- This reservation form must be sent **within August**, **11th 2023**. After this date, availability of rooms is not guaranteed.
- Please be so kind to send this form by e-mail to <u>info@hotelmediterraneo.com</u> or by fax +39 055 679560
- Please fill one form per each room needed.

