

HOTEL RESERVATION FORM

Please send this form to Modenatur
via fax +39 059 2032688 or e-mail info@modenatur.it (best before March 1st)

Surname: _____ Name : _____
Address _____ Country: _____ Postal Code: _____
Tel : _____ Fax: _____ e-mail: _____

Invoice Heading

Organization / Association: _____
Full Address: _____
Postal Code: _____ Country: _____

1. ARRIVAL DATE : ____/03/2010 **DEPARTURE DATE:** ____/03/ 2010 Number of nights ____

2. ROOM / \$: n. __ single room n. __ double room used as single n. __ double room (twin beds) n. __ triple room

3. HOTEL (mark with one of the hotels mentioned below)

NAME OF THE HOTEL	PRICE FOR SINGLE ROOM	PRICE FOR DOUBLE ROOM USED SINGLE	PRICE FOR DOUBLE ROOM	PRICE FOR TRIPLE ROOM	DISTANCE FROM THE VENUE
<input type="checkbox"/> Hotel Raffaello ****	n.d.	€ 65,00	€ 75,00	€ 90,00	5,0 km (Modena)
<input type="checkbox"/> Hotel Eden ***S	€ 50,00	€ 65,00	€ 75,00	€ 90,00	1,5 km (Modena)
<input type="checkbox"/> Tiby ***	n.d.	€ 65,00	€ 75,00	€ 90,00	6,0 km (Modena)
<input type="checkbox"/> Donatello ***	€ 50,00	n.d.	€ 68,00	€ 85,00	6,0 km (Modena)
<input type="checkbox"/> Europa ***	n.d.	€ 65,00	€ 75,00	€ 90,00	6,5 km (Modena)
<input type="checkbox"/> Sun ***	€ 50,00	€ 55,00	€ 75,00	€ 85,00	6,5 km (Rubiera)

3. BOOKING CONFIRMATION: Modenatur will confirm each reservation either by e-mail or by fax.

Accommodation/hotel address, price and details will be returned on the confirmation fax or e-mail.

A limited number of rooms is available for each category. If the accommodation type/category/price range you requested is no more available Modenatur will propose you another solution.

4. PAYMENT METHOD (please mark with "✓" one of the payment methods indicated with "a" or "b")

a) DIRECTLY IN HOTEL: Payment can be made directly at the hotel during your stay. In this case the reservation should be guaranteed by a valid credit card that will only be processed in the event of late cancellation or non arrival. Please fill the requested data and enclose to this form a copy of your ID Card or Passport.

CREDIT CARD GUARANTEE: Credit Card Type: VISA MASTERCARD DINERS

Cardholder name _____

Card Number: _____ Expiration Date: _____

I authorize Modenatur to withdraw the penalty due for late cancellation or in case of "no show"

Date: _____ card holder signature _____

b) TOTAL PAYMENT BEFORE ARRIVAL THROUGH BANK TRANSFER:

Bank details will be communicated on the reservation confirmation that you'll receive.

5. CANCELLATION POLICY: Cancellation must be received in writing by e-mail or fax to Modenatur.

- No penalty fee will be applied for cancellation before **6.00 p.m. of March the 8th** ;
- For cancellation communicated after **March the 8th** a penalty fee equivalent to the price of **the cancelled room for one night** will be charged. If the cancellation arrives when Modenatur office is closed (everyday after 6.30 pm and Saturday/Sunday) the cancellation date will be the following working day.

I understand and accept chapter; n. 3, n. 4 e n. 5. of this document

DATE: _____

SIGNATURE _____