

Salon WIMA 2009

21 – 25 April 2009

HOTEL RESERVATION FORM

Return form by Fax to: (+377) 93.15.48.93 (Reservations Department)

To be completed and returned

First Name: _____ Last Name : _____

Address : _____

City/State/Zip : _____

Telephone : _____ Fax : _____ Email : _____

Room Type	Ms / Mrs / Mr	Arrival Date	Departure Date

Daily room rates

Single
Double

Fairmont room 185 €
Fairmont room 211 €

Buffet breakfast is included in your room rate.

Room rates are net, tax and service included, as well as breakfast

Group rates valid from April 21st to April 25th 2009.

Check-in time from 3.00 pm – Check-out time 12.00 am.

Guarantee: In order to guarantee the reservation, we kindly ask you to send us a credit card details.

By credit card: American Express Diners Visa Master Card

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

We would like to inform you that in case of no-show, late cancellation or shorter stay, less than 72 hours prior to the arrival date, a one night's stay per room will be debited on the credit card.

*

Signature : _____ Date : _____