

HOTEL RESERVATION FORM



EDBT/ICDT 2024 - March 24th - March 28th, 2024

SURNAME		NAME	
Arr	IVAL DATE	DEPARTURE DATE	
NUMBER OF NIGHTS		PHONE NUMBER	
Е-м	AIL		
Invo	DICE ADDRESS		
Сіту	<i>I</i>	NOTE	
TRE	ATMENT OF BED	AND BREAKFAST	
	IN STANDARD D	OUBLE SINGLE USE (1 PERSON)	€ 100,00 PER NIGHT
	In superior do	OUBLE SINGLE USE (1 PERSON)	€ 120,00 PER NIGHT
	In deluxe dou	JBLE SINGLE USE (1 PERSON)	€ 190,00 PER NIGHT W/ SPA ENTRANCE INCLUDED
	IN STANDARD D	OUBLE ROOM (2 PERSONS)	€ 110,00 PER NIGHT
	IN SUPERIOR DO	DUBLE ROOM (2 PERSONS)	€ 140,00 PER NIGHT
	In deluxe dou	JBLE ROOM (2 PERSONS)	€220,00 PER NIGHT W/ SPA ENTRANCE INCLUDED
	IN TRIPLE ROOF	M (3 PERSONS)	€ 160,00 PER NIGHT
	IN OUADRUPLE	ROOM (4 PERSONS)	€ 200,00 PER NIGHT
PLEA	ASE INFORM US O	FANY ALLERGIES	
	CONFIRM THE RESERVATION).	SERVATION, WE REQUIRE CREDIT CARD NUMBER AN	ND EXPIRE DATE (ONLY TO ENSURE
Type of credit card		EXPIRE DATE	
Num	IBER		
<u>Отн</u>	ERWISE, WE ASK	YOU TO PROVIDE A PAYMENT FOR THE FIRST NIGH	T EITHER VIA BANK TRANSFER:
	UNICREDIT	BANK – IBAN IT 23 H 02008 76021 000500090	0640
	SWIFT COD	E UNICRITM 16 44 – Account of Hotel Arist	TON S.R.L.
OR V	IA A PAYMENT L	INK THAT WE CAN SEND TO YOUR E-MAIL.	
FREE DATE		(WITH EVENTUAL REFUND) IS POSSIBLE WITH NO CHA	ARGE UNTIL ONE WEEK BEFORE ARRIVAL
	ASE SEND THE ERVATION	IS FORM VIA E-MAIL TO INFO@HOTELARISTON	N.COM AND WE WILL CONFIRM YOUR
Dati	E	SIGNATURE	
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All data entered will be processed by the individual structures only for the purpose of guaranteeing the correct procedures relating to hotel bookings, in observance of the conditions dictated by Legislative Decree no. 196/2003 on Privacy. Sending this form implies the reading and acceptance of the rates, payments and cancellation methods relating to the Hotel where this reservation is made and indicated in the document.