



SOCTRATES
RIMINI, 19 – 21 OCTOBER 2023
HOTEL AMBASCIATORI RIMINI
Viale Vespucci, 22 47921 Rimini (RN) Italy
+39 0541 55561 www.hotelambasciatoririmini.it



HOTEL RESERVATION FORM TO BE SENT BY 29 AUGUST '23
TO EMAIL ADDRESS info@hotelambasciatori.it

PARTICIPANT

NAME _____

LAST NAME _____

ARRIVAL DATE _____

DEPARTURE DATE _____

E- MAIL _____

MOBILE _____

PARTICIPANT COMPANION

NAME _____

LAST NAME _____

ARRIVAL DATE _____

DEPARTURE DATE _____

HOTEL ACCOMMODATION *Write the desired number of rooms close to the chosen type*

Beyond the indicated date (29 August '23) and according to the date of booking and payment, at the availability of the rooms at our Hotels, the management reserves the right to assign the rooms requested in other 4**** hotels nearby.

Nr. ____ Single rooms Nr. ____ Double rooms

Nr. ____ Twin rooms (with separate beds)

SERVICES AND QUOTATIONS

MEETING PACKAGES ON FULL BOARD

Single Room € 150,00

Double Room € 120,00

Prices are **per person, per day** inclusive of:

- N° 2 Coffee Break
- N° 1 Lunch and N° 1 Dinner
- Beverages and Coffee included in the meals
- Hotel service and VAT (10%)

CITY TAX

€ 3,00 per person, per night
to pay directly in Hotel

Below I report the following INTOLERANCE/MEDICAL ALLERGIES

CANCELLATION POLICY AND METHOD OF PAYMENT

- The reservation is considered valid only upon receipt of the corresponding prepayment (accommodation and catering services).
- Depending on the date of booking and payment and availability of rooms, the Hotel Management reserves the right to assign the rooms requested in other 4-star hotels nearby.



SOCTRATES
RIMINI, 19 – 21 OCTOBER 2023
HOTEL AMBASCIATORI RIMINI
Viale Vespucci, 22 47921 Rimini (RN) Italy
+39 0541 55561 www.hotelambasciatoririmini.it



- In case of cancellations received within 7 days from the date of arrival, no penalty will be applied. After that, given the preferential price applied, the amount paid will be deducted (stay and catering services).

PAYMENT METHOD A – BANK TRANSFER

HOTEL AMBASCIATORI SRL
Viale A. Vespucci, 22 – 47921 Rimini
P.IVA: 01778610400 / C.F.: 07155940583
CODICE UNIVOCO: M5UXCR1
BANK DETAILS:
CREDIT AGRICOLE CARIPARMA
IBAN IT06 U070 9024 1010 1201 0199 279
BIC CODE: CCRTIT2TMAL

IMPORTANT

In case of different billings for a single deposit sent, it is mandatory to report in advance the different headings with their CF and PI. Otherwise, no credit notes can be made.

PAYMENT METHOD B – DEBIT ON THE CREDIT CARD INDICATED AT THE TIME OF CONFIRMATION

Authorization from the Customer to immediately debit the total prepayment amount (for accommodation and restaurant services) upon confirmation.

PARTECIPANT'S CREDIT CARD

Card _____ Nr.

Exp. /

I consent to the processing of my personal data in accordance with Article 13D. Lgs n.196/2003 and subsequent provisions for Archiving in the documents of the recipient of this form

Signature _____

DATA FOR ANY BILLING PARTICIPANT *(If nothing is specified, a personal tax receipt will be issued)*

COMPANY NAME _____

ADDRESS/ POST CODE/ CITY _____

TAX CODE _____ VAT NUMBER _____

Each participant will book their hotel accommodation through this form by filling in its parts and sending it to the address e - mail info@hotelambasciatori.it

You will receive a response email from the hotel for acceptance.