## Please put your booking reference:

**NAME:** Click here to enter text. **SURNAME:** Click here to enter text.

**TELEPHONE:** Click here to enter text. **E-MAIL:** Click here to enter text.

**ARRIVAL:** Click here to enter a date. **Estimated arrival time:** Click here to enter text.

**DEPARTURE:** Click here to enter a date. **Estimated departure time:** Click here to enter text.

**Number of NIGHTS:** Click here to enter text.

**ROOM:**

**DOUBLE (€**130.00**)**

**DUS (€** 110.00**)**

**\* The price is per room, per night and includes the buffet breakfast and services**

***City tax: € 6/per person, per day***

**Credit card information:**

|  |  |
| --- | --- |
| Type of the card | Visa  Mastercard  American Express  Diners |
| Card number |  |
| Expiration date |  |
| Card holder |  |
| Card holder’s signature |  |

## PAYMENT POLICY:

The credit card provided will be used to guarantee the reservation.

From 16/03/2019 the Hotel will charge on the credit card 50% of the cost for the total stay.

The final payment will be made at check in time.

## CANCELLATION POLICY:

Free Cancellation without any fees until 15/03/2019.

From 16/03/2019 to 12/04/2019: 50% of the total amount of the stay will be charge as penalty fee for cancellation.

From 13/04/2019 to 15/05/2019: 70% of the total amount of the stay will be charge as penalty fee for cancellation.

From 16/05/2019 to the date of arrival: 100% of the total amount of the stay will be charge as penalty for late cancellation, No Show, early departures.

**The reservation is definitively confirmed only after the Hotel has declared the receipt of this Form.**

[gm@hotelsantacostanza.it](mailto:gm@hotelsantacostanza.it)

Date: Click here to enter a date.