

## HOTEL RESERVATION FORM

Please send this form to:

Hotel Continental Terme - Via M. Mazzella, 74 - 80077 ISCHIA (NA) ITALY  
e-mail : [contiterme@leohotels.it](mailto:contiterme@leohotels.it), Fax: + 390813336261 – [www.continentalterme.it](http://www.continentalterme.it)

Surname \_\_\_\_\_ First name \_\_\_\_\_  
Company/Institution \_\_\_\_\_  
Address \_\_\_\_\_  
Town inc. Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Company's VAT nr. \_\_\_\_\_  
e-mail \_\_\_\_\_

### I WOULD LIKE TO RESERVE

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_ Number of nights \_\_\_\_\_

Double room nr \_\_\_\_\_ Double room used as single nr \_\_\_\_\_

Single room nr \_\_\_\_\_ Triple room nr \_\_\_\_\_

**Hotel reservation deadline: 1st May 2010**

RATES per room per day (lodging, bed & breakfast, taxes 10% VAT Included)

|  |            |  |           |
|--|------------|--|-----------|
| Double room used as single<br>(1 person) | 120,00 EUR | Single room (1 person)<br><i>limited to availability</i> | 75,00 EUR |
| Double room (2 persons)                  | 150,00 EUR | Triple room (3 persons)                                  | nd        |

### METHOD OF PAYMENT

☐ **By Credit Card:** payment will be due at the check out.  
☐ Carta SI ☐ Mastercard ☐ Visa ☐ AMEX ☐ Other (please specify) \_\_\_\_\_  
Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
CVVCode \_\_\_\_\_ Name on card \_\_\_\_\_

**In case of cancellation, I agree to be charged one night for cancellation after 13th May 2010 or in case of no show**

Date \_\_\_\_\_ Signature \_\_\_\_\_

☐ **Without credit card** - A deposit of 30% of the total is due within two weeks after the confirmation of the booking by the Hotel Continental Terme through bank transfer.  
Balance of payment will be due at the check-out.