



# CROWNE PLAZA<sup>®</sup>

## PADOVA

### HOTEL & CONFERENCE CENTER

#### Hotel Room Booking Form

SURNAME \_\_\_\_\_ NAME \_\_\_\_\_

Phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_

Check-in date \_\_\_\_\_ Check-out date \_\_\_\_\_

Credit card type \_\_\_\_\_ n. \_\_\_\_\_ valid until \_\_\_\_\_

☐ Standard room, king bed, single occupancy € 99,00

☐ Standard room, twin bed, double occupancy € 119,00

☐ Standard room king bed, double occupancy € 119,00

**Please be reminded that:**

**We will not take into consideration this reservation without a valid credit card number**

**We kindly ask you to book your room before 17 May 2010.**

**After this date the booking will be confirmed only by exception.**

**Any cancellation may be done without penalties by 24 May 2010.**

**After this date the total amount will be charged as a no-show**

**If you need your company/society name on the invoice, please state the details below:**

**Company/Society Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Postal code** \_\_\_\_\_

**You will be asked to pay your bill at check-out.**

Please fill in this form and send it to [reservation@crowneplazapadova.it](mailto:reservation@crowneplazapadova.it) to the attention of Angela Aggujaro

You can also send it by fax to 0039 049 8656555



Confirmation  
(to be filled by hotel)