

Hotel ALDOBRANDESCHI

BOOKING FORM

24th to 26th June 2010

Parker Seminars Italy

www.psi2010.com

Associazione Italiana Chiropratici

www.chiropratica.it

Name _____ Surname(s) _____

Company _____

Address _____

Post/Zip code _____ City/Country _____

Telephone _____ Fax _____

E-mail _____

Arrival date _____ Estimated time _____

Departure date _____

ROOM TYPE

CATEGORY	RATES	NUMBER OF ROOMS
Standard Double *	€ 120,00	
Standard Double for Single Use	€ 100,00	
2 Standard Rooms, 1 Bath – sleeps 4 *	€ 150,00	

The above rates include VAT and buffet breakfast.

* Shared with: Name _____ Surname _____

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COMMENTS _____

PLEASE CONFIRM YOUR C/CARD DETAILS TO GUARANTEE AND CHARGE THE ABOVE BOOKING

Credit Card Visa _____ Amex _____ Master Card _____ Diners Club _____

Cardholder's name: _____

Credit card number: _____

Expiry date of card (MM/YY): _____ / _____ Cardholder Signature: _____

Reservation Cut-off Date: 15th April 2010 (As of April, 16th 2010 the Hotel will quote the best available rate)

Cancellation policies:

Between 60 and 30 days before arrival the 50% of the cost of one-night stay will be billed to the given credit.

Between 29 and 16 days before arrival the cost of one-night stay will be billed to the given credit.

Less than 15 days before arrival the full cost of the stay will be billed to the given credit card.

No-show

No-shows - i.e. total number of nights booked will be charged in full to the credit card provided.

Signature and Name _____ Date _____

Please fax or email this document to the Hotel Aldobrandeschi Reservations Department contacts below:

MAIL: info@hotelaldobrandeschi.it - Tel. +39.06.66415964 - Fax +39.06.66411683

Hotel address: **Hotel Aldobrandeschi, Via degli Aldobrandeschi, 295 – 00163 Roma (Italy)**

For information about the hotel please visit the website : www.hotelaldobrandeschi.it

Remember to make your Parker Seminars Italy 2010 registration: www.psi2010.com