



EIASM – Workshop in Siena Reservation Form:

Hotel Italia
Viale Camillo Benso Conte Cavour, 67
I-53100 – Siena (SI)
info@hotelitalia-siena.it
Tel.: +39 0577 44248
Fax: +39 0577 44554

Name of the party: Mr./Mrs./Miss _____
Number of visiting members requiring the reservation: _____
Names of the visiting members:

Accommodation in Standard rooms:

Total number of single bed rooms required : _____
Price*/single room / night : €.89,00

Total number of double bed rooms required: _____
Price*/double room / night : €.110,00

Rates* per room per night, including breakfast, taxes and service.
*Rates don't include the non-optional City Tax of €2,50 per person, per day that will be charged in your bill and paid upon check-out.

Date of arrival at the hotel: ____ / 07 / 2013
Date of departure from the hotel: ____ / 07 / 2013

Credit card information:

Type _____ Number _____
CVV/CVC code _____ Expiry Date _____

The booking amount will be charged 7 days before the arrival.
In case of cancellation after 10:00 am, 7 days before the arrival, in case of no show or in case of advanced departure the whole amount will be held in any case.

The information of the credit card will be used only for the processing of the payments.
The details of the credit card and the personal details will not be used for other intents from Hotel Italia and will not be kept longer than necessary . Besides, all the details will be used according to the in force privacy law (Dlgs n. 196/03 safeguards the processing of personal information regarding natural people and legal people)

The undersigned.....has received the information regarding the art. 13 del D.lgs. 196/2003 that refer to my legally acknowledged rights by the law ex art. 7 D.lgs. 196/2003, and I agree with the deal of my personal information by following the conditions and for the aims indicated in the same law information, however closely related to the contractual relationship.

Date _____ Signature _____