

HOSPITALITY BOOKING FORM - 2011



• INVOICING DATA:

Please fill in the booking form in all its parts, paying particular attention to the required services and the office hours.

Surname: _____ Name: _____ Cell phone _____

Address _____ City _____ tel. _____ fax. _____

TAX NUMBER: _____ VAT NUMBER: _____

• BOOKING PERIOD:

Arrival on: ____ / ____ / 2011 time: (,) Departure on: ____ / ____ / 2011 time:

- Welcoming hours are from **9.00** am to **11.00** pm on arrival date;
- On departure date the rooms have to be left free by **9.00** am.

• ROOM BOOKING : INDICATED ARE THE COSTS FOR ONE PERSON – SIGN WITH A “X”:

- N. [] SINGLE ROOM (en suite): Euro 50,00 per day (B&B)
- N. [] DOUBLE ROOM (en suite): Euro 40,00 per day and person (B&B)
- N. [] QUADRUPLE ROOM (en suite): Euro 30,00 per day and person (B&B)
- N. [] 1 FULL BOARD: breakfast – lunch – dinner: Euro 25,00 (starter – main course – side – dessert)
- N. [] 2 HALF BOARD: lunch or dinner Euro 12,00 (starter – main course – side – dessert)
- N. [] 3 BREAKFAST: 3,50 Euro
- N. [] CARPARK SPACE – GRATIS (For guests of our institute only)

• LONG PERIODS

- N. [] 1 month SINGOLE ROOM (en suite): Euro 410,00
- N. [] 1 month DOUBLE ROOM (en suite): Euro 620,00
- N. [] 1 month CARPARK SPACE Euro 150,00

Prices include **weekly clearing service** (calendar indicating day and time on each floor).

• DEPOSIT (FOR LONG PERIODS):

For acceptance a deposit of 400,00 €/person is required. This amount will be returned at the end of your stay when all the entrusted objects have been returned and the integrity of the premises has been checked.

• RULES

- Payments have to be made before arrival (credit transfer to the following account: RAINERUM SALESIANI DON BOSCO – **iban: IT22 K076 0111 6000 0007 2430 739**)
- You will receive tax receipt (that is why you need to fill in this form in all its parts);
- During your stay you can enter the premises from 0,00 am to 12,00 pm;
- We require an adequate behavior, respectful of the religious character of the institute;
- After **11,00** pm until **7,00** am we ask you to be silent to guarantee that all our guests have a pleasant and relaxing stay.
- We remind you that breakfast is served from **07.00** to **09.00** am
- We remind you that it is strictly **forbidden to smoke in and outside the premises.**
- **N.B. THE ENTRANCE IS IN CAPPUCCINI STREET 15** (traffic limitations not valid for cars going to Ist. Rainerum)
- For further information before or during your stay call cell phone **335-8274530**, or text if busy.

• TOTAL BOOKING AMOUNT - EURO: _____ ,00

(ADDING UP REQUIRED SERVICES APPLYING THE ABOVE STATED PRICES)

Date _____ Signing I accept amount and rules _____

N.B. THE BOOKING COMES INTO EFFECT!!! AS SOON AS THE CREDIT TRANSFER OF THE ENTIRE AMOUNT IS REGISTERED ON OUR ACCOUNT: TRANSFER INDICATIONS: RAINERUM SALESIANI DON BOSCO – IBAN: IT22 K076 0111 6000 0007 2430 739)

**TO BE SENT BACK VIA FAX TO NUMBER 0471/981593
FORM + TRANSFER COPY**