

Hotel Reservation Form



VIA FILIPPO TURATI 171
I-ROME, 00185

Tel: +- 39 (06)-444 84700 - Fax: +- 39 (06) 444 84397

www.radissonblu.com/eshotel-rome

RWISO CONFERENCE 22ND / 25TH SEPTEMBER 2010 ID 116936

FIRST NAME _____ FAMILY NAME _____
(PLEASE PRINT)

TEL . _____ FAX . _____

E-MAIL ADDRESS _____

CREDIT CARD _____
To guarantee your reservation, the hotel only accepts reservations guaranteed with a credit card number and expiry date

CREDIT CARD NUMB. _____ EXPIRY DATE _____

I AUTHORIZE TO CHARGE my credit card in case of late cancellation and /or no-show:

Signature _____

PLEASE RESERVE: -

A SINGLE ROOM @ €190,00 A DOUBLE ROOM @ €205,00

Rates are per room, per night and include VAT, Service & Super Buffet breakfast

SMOKING Non SMOKING

Arrival Date _____ Departure Date _____

Signature _____

***Cancellation policy without penalty is 30 days before day of arrival
Thereafter, the first night's accommodation will be charged to your credit card
In case of no-show, the first night's accommodation will be charged to your credit card***

Check-in 14h00 Check-out 12h00

Please return this form directly to: -
Reservations Department, Radisson Blu Es Hotel
e-mail: info.rome@radissonblu.com - Fax No. + 39 (06) 44 48 43 97
Please return this reservation form **no later than 22nd August 2010**
as the hotel will not be able to guarantee rooms after this date.

Confirmation number:

Hotel stamp as confirmation: