

HOTEL PLAZA SALERNO (RESERVATION VISUAL08)

Please, return to the hotel this form filled in block letter either by fax (+39 (0)89237311)

Room confirmation is subjected to the hotel availability

Name	<input type="text"/>	Surname	<input type="text"/>
Affiliation / University	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	Province	<input type="text"/>
Country	<input type="text"/>	Postal Code	<input type="text"/>
Check in	<input type="text"/>	Check out	<input type="text"/>
e-mail	<input type="text"/>	Tel	<input type="text"/>
Fax	<input type="text"/>	Others	<input type="text"/>

PRICES for room / a night, VAT included with Buffet Breakfast

Number of rooms		Number of nights	Subtotal
	Single Room Standard €57		
	Double Room Single Use (DUS) Standard €68		
	Double Room (DR) Standard €88		
Total €			

PAYMENT INFORMATION

I hereby authorize the use of the below credit card for the payment of my selections on this form and

Visa
 Mastercard
 American Express

Card Holder's Name	<input type="text"/>	
Credit Card Number	<input type="text"/>	
Expiration Date	<input type="text"/>	Card Holder Signature <input type="text"/>