

icATH CONFERENCE 2024
HOTEL RESERVATION FORM
July 17th – July 19th, 2024



SURNAME _____ NAME _____

ARRIVAL DATE _____ DEPARTURE DATE _____

NUMBER OF NIGHTS _____ PHONE NUMBER _____

E-MAIL _____

INVOICE ADDRESS _____

CITY _____ NOTE _____

TREATMENT OF BED AND BEAKFAST

- IN STANDARD DOUBLE SINGLE USE ROOM € 120,00 PER NIGHT
 IN STANDARD DOUBLE ROOM € 140,00 PER NIGHT
 IN SUPERIOR DOUBLE ROOM € 190,00 PER NIGHT
 IN DELUXE DOUBLE ROOM € 240,00 PER NIGHT WITH SPA ENTRANCE INCLUDED

BUFFET LUNCH RESERVATION

- JULY 17th € 45,00 for _____ person JULY 18th € 45,00 for _____ person
 JULY 19th € 45,00 for _____ person

RESERVATION FOR SOCIAL DINNER

- JULY 18th € 80,00 for _____ person

NAME AND SURNAME OF SECOND PERSON IN THE ROOM (IF DOUBLE ROOM) WITH DATE OF BIRTH AND PLACE OF BIRTH _____

PLEASE INFORM US OF ANY ALLERGIES _____

To confirm the reservation we require Credit card number and expire date (only to guarantee the reservation) or link payment to your email or Deposit by bank transfer of first night stay to be send to our bank: UNICREDIT BANK - IBAN IT 23 H 02008 76021 000500090640-

SWIFT CODE UNCRITM 16 44 – Account of HOTEL ARISTON S.r.l.

TYPE OF CREDIT CARD _____ EXPIRE DATE _____

NUMBER _____

Cancellation is possible with no charge until one week before arrival date

PLEASE SEND THIS FORM BY E MAIL TO info@hotelariston.com AND WE WILL CONFIRM YOUR RESERVATION

Date _____ SIGNATURE _____

All data entered will be processed by the individual structures only for the purpose of guaranteeing the correct procedures relating to hotel bookings, in observance of the conditions dictated by Legislative Decree no. 196/2003 on Privacy. Sending this form implies the reading and acceptance of the rates, payment and cancellation methods relating to the Hotel where this reservation is made and indicated in the document