



ROYAL CONTINENTAL
NAPOLI

ISEM 2011

07th - 09th September 2011

Royal Continental Hotel

ACCOMMODATION FORM

Name: _____

Surname: _____

Address: _____

City: _____ Country: _____ Code: _____

Telephone _____ Mobile _____

Fax _____ E-mail _____

Classic double room for sole use € 132,00

Classic double room € 147,00

Superior sea view double room for sole use € 159,00

Superior sea view double room € 172,00

Arrival date _____ Departure date _____

Smoking room

No Smoking room

I will be sharing a room with Mr /Ms _____

CREDIT CARD:

Amex

Diners

Mastercard

Visa

Addressed to _____

Number _____

Date of expiry _____

Hotel Cancellation Policy:

- No cancellation charge until 24 hours the date of arrival
- In case of cancellation within 24 hours the arrival we will charge the cost of the room for the total stay.



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- Check In Time at the Hotel is 03.00 p.m. on the day of arrival and Check-out time is 10:00 a.m. The Client will be charged 50% room rate on his credit card for staying in his room beyond the check-out time without prior authorization from The Hotel.

Please, sing /send this form - via fax - by 30th June 2011 for the attention of:

**Reservation Manager
Royal Continental Hotel
Via Partenope 38/44
80121 Napoli
Italia
Tel. +39 081 7644614
Fax +39 081 7645707
e-mail: prenotazioni@royalcontinental.it**

Signature for acceptance

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