

**CNR**

***Ischia***

***August 24th - August 31st, 2024***

**HOTEL RESERVATION FORM**

To be sent via fax or email to:

Hotel Continental - Via M. Mazzella, 88 - 80077 ISCHIA (NA) Italy

**E-mail:** **booking@hotelcontinentalischia.it**

|  |  |
| --- | --- |
| Surname | First name |
| City | Country |
| Phone | Fax |
| E-mail |  |

Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of departure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of nights \_\_\_\_\_\_\_

Rates per day *(lodging, breakfast, internet Wi-Fi, taxes 10% VAT Included)*

City tax 3,00 EUR per person per day not included – to be paid at the hotel on departure.

|  |  |
| --- | --- |
| Twin/Double standard – 01 people | 140,00 EUR |
| Twin/Double standard – 02 people | 190,00 EUR |
| Triple room – 03 people *(subject to availability)* | 260,00 EUR |
| Family room – 04 people *(subject to availability)* | 320,00 EUR |

**METHOD OF PAYMENT**

|  |  |
| --- | --- |
| By the following Credit Card (\*\*) | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Nexi/ Carta Sì
 | * Mastercard
 | * VISA
 | * AMEX
 |

|  |  |  |
| --- | --- | --- |
| Date |  | Signature |

**(\*\*)** Payment will be due at check out. In case of cancellation or no show, after August 18th2024, I agree to be charged for one night of the reservation.