

To: Rachele Taddeucci **From:**
Fax: +39 055 22 3912 **Pages:**
Attn: **Date:**

ROOM RESERVATION FOR ACM MobiHoc 2006

Name:

Email:

Arrival :

Departure:

Room type:

Make your choice (please select only one):

- | | | | |
|--------------------------|--|-----------------------------|-------------------|
| <input type="checkbox"/> | Hotel Convitto della Calza
P.zza della Calza 6
50125 Firenze
Web: www.calza.it | SINGLE | € 75.00 |
| | | DAS (double used as single) | € 85.00 |
| | | Double | € 115.00 |
| <input type="checkbox"/> | Three stars Hotel | SINGLE | € 83.00 – 100.00 |
| | | Double | € 120.00 – 159.00 |

Your preference: _____

- | | | | |
|--------------------------|-------------------------|--------|-------------------|
| <input type="checkbox"/> | Four stars Hotel | SINGLE | € 90.00 – 119.00 |
| | | Double | € 120.00 – 180.00 |

Your preference: _____

TERMS OF PAYMENT

1. Payment at Check Out

Please advise your Credit Card Details as Guarantee

Credit Card Type:

Number :

Expiration Date:

Cancellation Policy:

No penalty with cancellation within 48 hours before the arrival date.

Otherwise it will be charged the cost of the first night.

In case of confirmation , please send the same back duly signed and stamped.

STAMP AND SIGNATURE

DATE

Looking forward to hearing from you,

Best Regards,

Rachele Taddeucci

Convitto della Calza E-mail: t.rachele@calza.it Fax: 055/223912

Convitto Ecclesiastico della Calza

Ente Ecclesiastico Civilmente Riconosciuto iscritto con il n. 646 nel Registro delle Persone Giuridiche presso la
Cancelleria Commerciale del Tribunale Civile e Penale di Firenze
Piazza della Calza, 6 - 50125 Firenze. PI 02219880487. Tel. (+39) 055222287 fax (+39) 055223912
Sito Internet: Http://www.calza.it e-mail: calza@calza.it
Fornitori Ufficiale della REGIONE TOSCANA