

HOTEL RESERVATION FORM
14° FORUM UN/CEFACT 20/24 APRIL 2009

Please Hotel's name where you wish to stay and return this FORM by fax or by email.
DEADLINE FEBRUARY 15ST 2009

<input type="checkbox"/> CROWNE PLAZA ST PETER'S 4*s	
PHONE +39 06.6642155	FAX +39 06.6637190
EMAIL cpstpeters@hotel-invest.com	
SINGLE ROOM € 180,00 per day	DOUBLE ROOM € 200,00 per day

SINGLE ROOM			
DOUBLE ROOM/TWIN			
ARRIVAL DATE		DEPARTURE DATE	

The above rates are inclusive of 10% of VAT and American buffet breakfast.

FAMILY NAME			
EMAIL			
PHONE		FAX	

Payment for accommodation should be made directly to the hotel.
 In order to guarantee your room, first night prepayment will be asked upon reservation.

CREDIT CARD		
NUMBER		
EXPIRY DATE		

TERMS AND CONDITIONS /Cancellation Policy:

As per UN/CEFACT agreement, I hereby give my authorization to charge my credit card with the amount of: one night

CREDIT CARD	
NUMBER	
EXPIRY DATE	

Cancellation policy:

First night pre-payment cannot be refunded for cancellation at any time
 For cancellation between 1st February 2009 and 28th February 2009, one night will be charged to the given credit card
 For cancellation from 1st March 2009 and 19th March 2009, two nights will be charged to the given credit card
 For any cancellation received from 20th March 2009 to the arrival day, or in case of No-Show, the entire forecast amount will be charged to the given credit card.

Check-in : after 14:00 pm. Check-out: before 11:00 am

Date:

Signature: