

**Hotel
Centrale Byron**
Via IV novembre, 14
48100 Ravenna
Tel. (+39) 0544 33479
Fax (+39) 0544 34114
info@hotelbyron.com
www.hotelbyron.com

Hotel Reservation Form

ABCD 2011 Congress

8-10 September 2011

Palazzo dei Congressi • Ravenna

FAMILY NAME: _____ FIRST NAME(s): _____

Department / University / Company:

Address:

Tel.: _____ Fax: _____

City: _____ Postal code: _____

Email: _____

Country: _____

ROOM TYPE

DATES

check in

check out

Single room € 50,00
Number of rooms: _____

Double room, single use € 70,00
Number of rooms: _____

Double room € 85,00
Number of rooms: _____

The daily rates include breakfast and taxes.

For pre- and post-stays, the same rates are confirmed.

Check-in time: from 3 pm.
Check-out time: by 10 am.

Accompanying person(s)? If yes, please indicate:

Reservations will only be considered if accompanied by credit card information.

Please send this form within 15 July 2011 to Hotel Centrale Byron at:

Fax: (+39) 0544 34114 or E-mail: info@hotelbyron.com

Special notes?

Credit card information:

American Express • Master Card • VISA • Diners Club • Carta Sì

Card number: _____ Expiry date: _____

Cardholder's signature: _____

Hotel stamp for confirmation

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