

**Hotel Residence
La Reunion**

Via C. Ricci, 29
48121 Ravenna

Tel. (+39) 0544 212949
Fax (+39) 0544 242266

info@lareunion.it
www.lareunion.it

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

Double room, single use € 95,00
Number of rooms: _____

DATES

check in

check out

NB: Suites with double bed; second person for free. Possibility of adding one or two extra single beds at a price of € 20 per person.

The daily rates include buffet breakfast and 10% VAT.

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 La Reunion at:

Fax: (+39) 0544 242266 or E-mail: info@lareunion.it

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
