COMPUTING in CARDIOLOGY
Expiration term: 31st August ’20 to av@hotelambasciatori.it

1. GUEST’S DETAIL

NAME & SURNAME ____________________________________________
MOBILE PHONE __________________________ E-MAIL __________________________

2. SHARING ROOM WITH

☐ I confirm my intention to share the same room with another person (of not the same family) that made the same choice as I did. Furthermore, I am aware that in case of cancellation I will guarantee to pay my total room rate.

NAME & SURNAME ____________________________________________
MOBILE PHONE __________________________

3. HOTEL RESERVATION

PERIOD AVAILABLE: from 13th to 18th September ’20
Check in ___________ Check out ___________ Nights stay ___________
I wish to confirm nr. _____ Single Bedroom or nr. _____ Twin or Double bed

<table>
<thead>
<tr>
<th>HOTEL AMBASCIATORI</th>
<th>HOTEL SPORTING</th>
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</thead>
<tbody>
<tr>
<td><strong>BED &amp; BREAKFAST</strong></td>
<td><strong>BED &amp; BREAKFAST</strong></td>
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<tr>
<td>Single Room</td>
<td>☐ € 75,00</td>
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<tr>
<td>Double Room for single-use</td>
<td>☐ € 90,00</td>
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<tr>
<td>Double Room</td>
<td>☐ € 110,00</td>
</tr>
<tr>
<td>DELUXE Supp.to</td>
<td>€ 20,00 per room</td>
</tr>
<tr>
<td>CITY TAX</td>
<td>€ 3,00 per person</td>
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The rate is per room, per day.
RESERVATION POLICIES:
- Once the Hotel will be fully booked, the Hotel will provide to set and book your reservation in another 4 **** hotel at the same rates and terms.
- Since rates are so discounted, in case of cancellation, no shows or early departure, the hotel will charge the total amount on the credit card provided.

A) Bank transfer
In case you like to prepay the whole amount with a bank transfer please indicate in the payment description: name and surname, “COMPUTING in CARDIOLOGY”

HOTEL AMBASCIATORI (Hotel Ambasciatori s.r.l)
BANK DETAILS HOTEL AMBASCIATORI SRL
CREDIT AGRICOLE CARIPARMA
IT43G0623024121000056851579 - CODICE BIC CRPPIT2P488

B) Credit card charge: hereby I authorize the hotel by charging my credit card in case of no show, cancellation or early departure:

Credit Card issued by: VISA - AMERICAN EXPRESS – DINERS - MASTERCARD

nr_______________________________ Exp. __________
Owner _________________________________ Signature _______________________________

Invoice must be addressed to

Company___________________________________________________________________

Adress______________________________ Zip code_____________________________

Town_____________________________ Vat no_______________________________

Date ___________________________ Signature _____________________________

Expiration term 31st August ‘20; please send the filled reservation form to av@hotelambasciatori.it (you could also specify your Hotel preference).
You will receive an e-mail for acceptance within 24 hours of receipt for final confirmation.