

TO CONFIRM THE RESERVATION WE KINDLY ASK YOU TO SEND US BACK THE FOLLOWING RESERVATION FORM DULY FILLED IN TO:

STARHOTELS ROSA GRAND

Piazza Fontana 3 – 20122 Milano

Ph. +39 02 88311 Fax +39 02 8057964 e-mail: reservations.rosa.mi@starhotels.it

With this letter I confirm the following reservation part of the block: **GS1**(13th -18th October 2019 – Maximum 5 nights)

Code for booking: MDODE131019

Last Name -----

First Name -----

Arriva Date ___ / 10 / 2019

Number of Nights _____

Departure Date ___ / 10 / 2019

n. ___



245,00 Double single use Deluxe, quotation per night;

n. ___

265,00 Double, double use Deluxe, Quotation per night

Rates are per room per night, tax, service and buffet breakfast included

Supplement for the second person is 20.00 € per night

City tax 5.00€ per person, per night not included in the rate.

I guarantee the reservation along with the following credit card

Credit card: **American Express** **Diners Club** **Visa** **Mastercard** **Altro:**

Credit card holder

Credit card number:

Expiry date:

Copy of the credit card and passport enclosed

CANCELLATION POLICY:

- From the date of reservation to 7 days prior the date of arrival: no penalty will be charged to my credit card for each room cancellation or reduction of stay.
- From 6 days prior the event to the date of arrival: a 100% penalty fee will be charged for each room cancellation or reduction of stay to my credit card.
- The no-show will be charged on my credit card.

I'm aware of the following details:

- my reservation will be considered accepted by the hotel only when the Rosa Grand will forward me the reservation number
- I could reserve a room until next 13th September 2019. After this date the hotel cannot assure that there will be availability of rooms.

I confirm to have read and agreed on the above conditions and I look forward to receiving the confirmation number of my reservation.

Best regards

Date

Signature
