

HOTEL RESERVATION FORM

Belstay Roma Aurelia

Via Bogliasco, 27 – 00165 Roma Email: <u>a.massaroni@belstayhotels.it</u> – Tel +39 06 66509506

"EUROPEAN RADIATION PROTECTION WEEK 2024"

Please fill out the form and return to the hotel by May 31st. After that date, rooms may no longer be available

Family Name		Name	
Country	Address		City
Telephone Number	Email		
In case yo	ou require an invoice, plea	ase provide us with all ı	necessary data:
If you require	e more than one room, ple	ease fill out a form for e	ach room booked
C/IN date:	C/OUT:		
DOUBLE FOR SINGLE USE	€ 125.00		
DOUBLE ROOM	€ 140.00		
TWIN ROOM	€ 140.00		
Given rates are per room per n	ight and include full Amer	rican Breakfast and VA ⁻	Т
City tax (euro 7.50 per person p	er night) is not included		
Payment conditions: payment for hotel service can b booking. The hotel	e made directly at the ho	itel, but a credit card de	etails are required to guarantee the
CREDIT C	ARD DATA TO GL	JARANTEE THE	RESERVATION
Credit card holder	Kind	d of credit card	·
Credit card Number I authorize the Hotel Belstay Ro late cancellation. Rooms can b	me Aurelia to charge the	amount relating to the	first night in the event of no/show or
"Pursuant to Legislative Decree 196/2 therefore I authorize the processing based or			titutional purposes and the principle of relevance, sons (GDR)"