



HOTEL RESERVATION FORM

“European Radiation Protection Week 2024”

Via Raffaele Sardiello, 22

www.midaspalace.com mice@midasroma.com

Please fill in the below form in order to make a reservation for one or more rooms at the Midas Palace Hotel for the 'European Radiation Protection Week 2024'. Once you have filled in all the blanks, you are kindly asked to sent it to the following mail: mice@midasroma.com

Guest Details

First Name _____ Last Name _____

Phone _____ E-mail _____

Reservation Confirmation - European Radiation Protection Week 2024 11th-15th Nov 2024

Prepaid and not Refundable rates for **European Radiation Protection Week 2024**

- Rate for the Double Classic room for single Use 115 euros per night Breakfast and VAT included
- Rate for the Double Classic room 125 euros per night Breakfast and VAT included

Check in (DD/MM/YYYY) _____ Check out (DD/MM/YYYY) _____

Room type (single/double) _____ Bed type (King or TWIN) _____

Please indicate a credit card number for the prepayment of the room:

Credit Card: Visa Mastercard Amex

Number _____

Expiry _____ CVV _____

Additional requests

Other _____

I declare that all information is complete and accurate. With the present form, I authorize the **Midas Palace Hotel** to carry out payment of all the debits which are mentioned in the section "information regarding rates and debits" with the credit card indicated above. The amount charged can not be more than _____ for the entire stay and/or event. I declare to be aware of the fact that a new form has to be completed in the case that the client will decide to extend his stay. I declare that I am the person that is authorized to sign for the credit card that is mentioned above.

First and Surname of the Card

Holder: _____

Signature of the Card Holder: _____ Date: _____

Midas Palace Hotel

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