



TROFEO ALFREDO BINDA 2018

March, 18th 2018

BOOKING ACCOMMODATION FORM

Type	Rate per room per night BB treatment (breakfast included)	Rate per room per night HB treatment (breakfast and one meal included)
b&b, hostels, farms	Single room starting from € 55,00 Double room starting from € 60,00 Triple room starting from € 90,00 Quadruple room starting from € 110,00 Room for 5 pax starting from € 130,00 Room for 6 pax starting from € 150,00	
Hotel***	Single room starting from € 55,00 Double room starting from € 73,00 Triple room starting from € 90,00	Single room starting from € 75,00 Double room starting from € 110,00 Triple room starting from € 135,00
Hotel****	Single room starting from € 56,00 Double room starting from € 70,00 Triple room starting from € 97,00	Single room starting from € 70,00 Double room starting from € 103,00 Triple room starting from € 157,00

Each variation on taxes annexed to the above rates, due to legislative changes, it will be automatically applied. City Tax excluded if not indicated.

Room availability will be checked directly upon receiving this fully completed form, therefore we suggest you to complete it and submit it to congressi@vareseturismo.it as soon as possible. The reservation will be valid upon mail confirmation sent by Varese Convention & Visitors Bureau

MODALITY FOR THE BOOKING

1. Fill the following form "Hotel Booking Request"
2. Send to Varese Convention & Visitors Bureau, by mail or fax, the complete form
3. We'll confirm the availability of the room requested

For any special request please contact us



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HOTEL BOOKING REQUEST

Please send your booking request to:

Varese Convention & Visitors Bureau

Phone / Fax **+39 0332.281944**

Email: congressi@vareseturismo.it

HOTEL BOOKING REQUEST

NAME OF THE GUESTS _____

TYPE OF ACCOMMODATION _____

TREATMENT REQUESTED (HB/ FB) _____

Number of Double Room _____

Guests Name _____

Arrival _____ Departure _____

Guests Name _____

Arrival _____ Departure _____

Number of Triple Room _____

Guests Name _____

Arrival _____ Departure _____

Guests Name _____

Arrival _____ Departure _____



TROFEO ALFREDO BINDA 2018

Number of Quadruple Room _____

Guests Name _____

Arrival _____ Departure _____

Guests Name _____

Arrival _____ Departure _____

Other Rooms _____ **Type** _____ **Number** _____

Guests Name _____

Arrival _____ Departure _____

Guests Name _____

Arrival _____ Departure _____

Credit card n° _____

Name _____

Expiry _____

Phone _____

Fax _____

E-mail _____



To confirm the booking request we need this form completed and your credit card details

Date _____ Signature _____

Privacy Norm (D.L. 30/06/2003 n. 196) *Personal data will be treated with all confidentiality provided by law exclusively for purposes related to the company. It also ensures that on request these data can be quickly corrected or deleted.*

Please retain this form and submit to the check in at the hotel