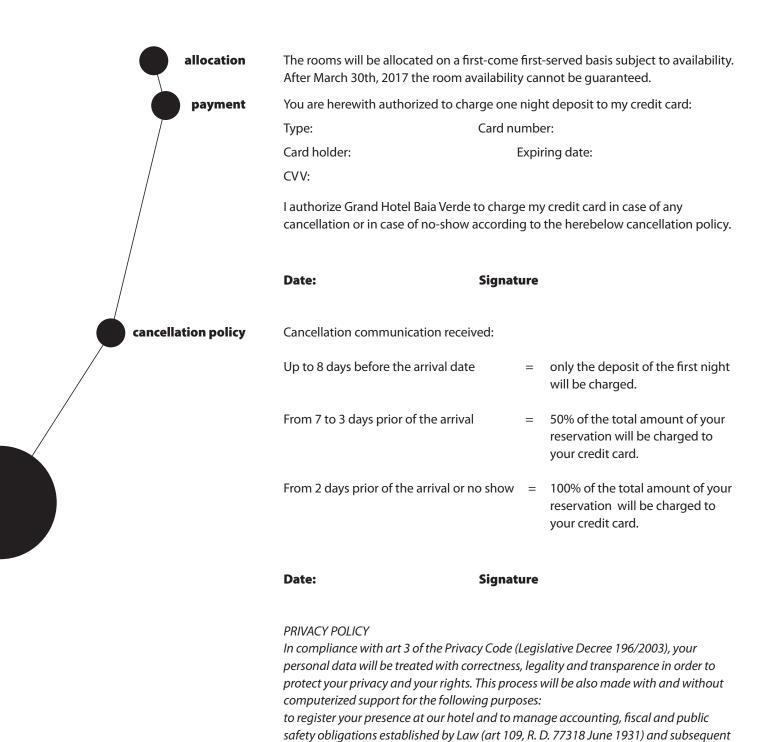
	reservation form to be returned to Grand Hotel Baia Verde fax +39 095 494464 mail to: baiaverde@baiaverde.it
room reservation	Would you please reserve subject to availability: VAT and breakfast included
	A) n°
	B) n°
	C) n°
	D) n°
	Optionals:
	n°
	n°
	n°
	Fill in and tick where appropriate
	E) deluxe / family / suites and double room: twin beds on request
	from: / /2017 to: / /2017 total nights:
	Total = (A and/or B and/or C and/or D)+(selected optionals) x n° nights = €
participant	
Court court	
family name	
address	
/ postal code	city
country	
tel	fax
e mail	
accompanying person(s)	
family name	
first name	
invoice to	
company name	VAT
address	
postal code	city
country	
tel	fax
e mail	

unioncongress. 2017/ hotel reservation form



Date: Signature

To allow answering service, e-mails, delivery service, fax, e-mail, messages and parcels, for call transfers in the rooms and for the booking of external services

amendments, as well as to fulfill any further request from the PublicAuthority.

Date: Signature