Rosa Grand

MILANO

Piazza Fontana, 3 20122 Milano Italia T: +39 02 8831 F: +39 02 80 57 964 E: meeting.rosa.mi@starhotels.it

With this letter, I confirm the following reservation part of the block EFCL 2018 – hotel reference 0EFCL070618

Last Name	
First Name	
Arriva Date	/ / 2018
Number of Nights	
Departure Date	/ / 2018

n. Room Selected at Check-in € 255,00 (Double for sole Use)

Supplement double occupancy 20.00 €, per room, per night

City tax 5.00€ per person, per night, not included in the rate. Rates are per room per night, tax, service and buffet breakfast included

The reservation is secured by the following credit card:

In the name of Mr/Ms:	
Type of credit card	
Credit card number	
Expires	
Non-payment	In the Event of non-payment of the booked services and any extras on departure, Starhotels S.p.A. is authorized to charge the balance to the aforementioned credit card in my name
Signature of credit card holder for authorization	

"I enclosed to the form the copy, both sided, of my Credit Card & Passport or Id Card".

The credit card will be verified upon check-in: if the guest is not the cardholder, we kindly require the below form to be filled up, signed and sent back to the Hotel's fax number or e-mail address above indicated, along with a copy front/back of the credit card as well as a copy of an identity document of the cardholder.

CANCELLATION POLICY:

• From May 21st 2018: a 100% penalty fee will be charged for each room cancellation or reduction of stay to my credit card

I'm aware of the following details:

- my reservation will be considered accepted by the hotel only when the Rosa Grand Collection will forward me the reservation number
- if my request will arrive after the April 07th 2018, it can be possible that the hotel will not confirm the same rates herewith proposed.
 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