Date, 1st March 2018

**HOTEL BOOKING FORM – HLSA 2018 Annual Reunion – 10th /13th MAY 2018**

Dear Sir/Madame,

Thank you for the interest in Hotel d’Inghilterra. In order to confirm your reservation, we need to receive your

confirmation within 8th March 2018. Please send us the following details:

Name:

Date of Arrival:

Date of Departure:

Rooms: **Classic room** N. Persons:

Special Rate: **Double room for single use € 460,00, 10% Vat, breakfast and WiFi included, per room per night**

**Double room € 480,00, 10% Vat, breakfast and WiFi included, per room per night**

**City tax € 7,00, per person, per night**

Method of payment: **Directly in the hotel on departure**

Our check-in time is at 2.00 p.m. an our check-out time is at noon. If you require an early check-in, allow us to suggest to pre-register the room from the evening before.

The rich buffet breakfast is served from 7:00 to 10:30 am at our Restaurant. We invite you to enjoy a delicious meal at the 'Cafe Romano' Restaurant prepared by the Executive Chef, Antonio Vitale, whose constant research and use of seasonal products assures a revised and modern version of the Mediterranean Cuisine.

Do not hesitate to contact our Head Concierge, Mr. Massimo Mazzola, to organise transfers from Fiumicino/Ciampino airport to the Hotel d'Inghilterra (the cost is € 87,00 each way up to 3 people in a private Mercedes Sedan) by e-mail concierge.inghilterra[.rm@starhotels.it](mailto:rm@starhotels.it) or m[.mazzola@starhotels.it](mailto:mazzola@starhotels.it)

**CANCELLATION POLICY:**

If you cancel within 8h March 2018, no penalty will be charged

If you cancel from 8th March to 7th April, 1 night penalty will be charged

After this date, the entire stay will be charged on the credit card sent as guarantee

Please kindly note that we need to receive a copy of credit card in order to guarantee the reservation. The Hotel reserves the right to verify the validity of the credit card requesting a credit card hold to the issuer.

I hereby authorize the **Hotel d'Inghilterra** to charge my credit in case of cancellation and no show

Name of cardholder:

Type of credit card:

Number of credit card:

Expiration date:

Signature of cardholder:

**\*\*Please return this form duly filled-in with the photocopy front and back of the credit card within 8th March**

**2018 at meeting.inghilterr**[**a.rm@starhotels.it**](mailto:rm@starhotels.it) **\*\***