



**ACCOMODATION BOOKING FORM
GROUP NAME ASSOCIAZIONE ITALIANA CHIROPRACTICI**

Please send by mail this Accomodation Form to Monti Palace Hotel Rome direzione@montipalacehotel.com
WITHIN THE DEADLINE SEPTEMBER 5TH 2024

CLIENT DETAILS: **ATTENTION CLIENT AND CARDHOLDER'S PAY BY LINK MUST MATCH:**

FULL ADDRESS OF CARDHOLDER'S: (address where the card statement is sent)

PERIOD 25/27 OCTOBER 2024 – ROOMS AVAILABILITY AND RATES UPON REQUEST

DATE OF ARRIVAL _____ DATE OF DEPARTURE _____ NUMBER OF NIGHTS _____

ROOM TYPES - TWIN BEDS ARE UPON REQUEST ONLY

_____ ONE UNIT ONLY - 1 Standard room french bed 140 cm not divisible di Euro 260,00 bb – FIRST ONE COME FIRST SERVED

_____ TWO UNITS ONLY - 2 Double Deluxe Euro 290,00 bb – FIRST COME FIRST SERVED

_____ SEVEN UNITS - 7 Prestige Rooms Euro 390,00 bb

Rates are Net hotel per room per night
Continental Buffet Breakfast is complimentary

VAT tax is included 10%
City tax Euro 7,50 per person per day is not included

When the total inventory of one room type is sold you will need to choose another room of the list

RESERVATION PAYMENT PROCESS & TERMS

PAYMENT

1 NIGHT DEPOSIT IS KINDLY REQUESTED AT THE TIME OF BOOKING.
A SAFE LINK TO PAY WITH CREDIT CARD THROUGH NEXI PAYMENTS WILL BE PROVIDED TO YOUR E MAIL ADDRESS,
IT SHOULD BE VALIDATED WITHIN ONE DAY TO CONFIRM YOUR RESERVATION OR ROOM WILL BE RELEASED
PAYMENT OF THE BALANCE AND CITY TAX IS DUE UPON ARRIVAL AT THE HOTEL

CANCELLATION

YOU MAY CANCEL YOUR BOOKING WITHIN SEPTEMBER 10TH 2024
IF YOU CANCEL AFTER THIS TERM OR IN CASE OF NO SHOW ROOM ONE NIGHT DEPOST WILL BE CHARGED AS PENALTY

DATE: _____
SIGNATURE: _____

IMPORTANT : IF AN OFFICIAL INVOICE IS REQUESTED PLEASE SUPPLY FULL DETAILS IN ADVANCE WE WILL DRAFT IT UPON DEPARTURE, ANY RECEPITS WILL BE AS WELL DRAFTED UPON DEPARTURE ACCORDINGLY TO ITALIAN LAW.