

Rosa Grand

MILANO

TO CONFIRM THE RESERVATION WE KINDLY ASK YOU TO SEND US BACK THE FOLLOWING
RESERVATION FORM DULY FILLED IN TO:

STARHOTELS ROSA GRAND

Piazza Fontana 3 – 20122 Milano

Ph. +39 02 88311 Fax +39 02 8057964 e-mail: reservations.rosa.mi@starhotels.it

With this letter, I confirm the following reservation part of the block **UNIVERSITA' DEGLI STUDI DI MILANO**
(26th to 29th May 2019) **EUNIV265**

Last Name -----

First Name -----

Arriva Date ___ / ___ / 2019

Number of Nights ---

Departure Date ___ / ___ / 2019

n. ---



235,00 Double single use Deluxe

Rates are per room per night, tax, service and buffet breakfast included
Supplement for the second person is 20.00 € per night
City tax 5.00€ per person, per night not included in the rate.

I guarantee the reservation along with the following credit card

Credit card: <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Altro:	
Credit card holder	
Credit card number:	Expiry date:

Copy of the credit card and passport enclosed

Rosa Grand

MILANO

CANCELLATION POLICY:

- From confirmation till 21 days before arrival: reservation can be cancelled and/or amended without any penalty.
- From 21 days prior to arrival: 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 will forward me the reservation number
- if my request will arrive after the 05th May 2019 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.

Date

Signature
