



HOTEL VOUCHER

PLEASE RETURN THIS FORM TO:

Fax: +39 (0) 2 87252420 • E-mail: meeting@lagarehotelmilano.it

09th and 10th October 2018

First Name: _____ **Last Name:** _____

Organization: _____

Phone: _____

E-mail: _____

N. nights: 2

Check-in: 09/10/18

Check-out: 1/10/18

N. adults:

N. Rooms:

Room Type: Superior DSU

Rate per room:

Room rate (VAT included): 190,00 Euro
City tax 5.00 Euro per person, per night not included in the rate.

Rates are per room per night, tax, service and buffet breakfast included
Supplement for the second person is 20.00 € per night

I the undersigned _____, owner of the credit card:

VISA

MASTERCARD

AMERICAN EXP.

DINERS Number

_____ Expiration date: _____

authorize to charge my credit card referenced above for the amount of the Reservation confirmed

Date _____

Signature _____

All data entered on this page and transmitted to the Hotel are secured.



The room will be available from h 14.00 and has to be left within h 12.00. In case of a room needed before or later than the time indicated, a supplement could be required.

We kindly inform you the offered rate is valid until 20th August 2018; after this deadline, room availability is not guaranteed and the Hotel reserves the right to update above rate proposal.

Right of withdrawal

- From confirmation to 20th August 2018: reservation can be entirely cancelled without any penalty.
- From 21st August to 09th September 2018: a 50% penalty fee will be charged for any room-nights cancellation
- From 10th September to 01st October 2018: a 50% penalty fee will be charged for any room-nights cancellation
- From 02nd October 2018 to arrival date: a 100% penalty fee will be charged for room cancellation.
- No-show: no-show will be invoiced at 100%.