



MERCURE BERGAMO PALAZZO DOLCI

CONFIRMATION FORM
MEETING ESEC-FSE 2015
FROM 29/08/15 TILL 04/09/15

To be sent filled and signed by fax +39 035 218008 or by mail h3653-re@accor.com

THE RESERVATION IS ON REQUEST AND ACCORDING TO THE HOTEL AVAILABILITY

Guest's Surname/Name:
Arrival:
Departure:
Nb. of nights:
Nb. and type of rooms:
Nb..... €105.00 Double use single room (1 person)
Nb..... €125.00 Double room with king size bed (2 people)
Nb.....€125.00 Double room with twin beds (2 people)

The above rates are per room, per night, buffet breakfast included.
City tax is not included: €3.50 per person, per night.

Payment: The entire cost of the stay, will be debited from the customer's credit card at the time of reservation.

Cancellation Policy: The reservation is cancellable till 08/08/15.
In case of cancellation after this date or no show the entire cost of the stay, will be debited from the customer's credit card.



The undersigned _____ confirms the reservation and the conditions above specified to the Hotel MERCURE BERGAMO PALAZZO DOLCI with the following credit card:

Type of credit card: VI – MC – AX – DC – JCB

Credit card n. Expiry date:

Owner of the credit card:

DATE SIGNATURE OF THE OWNER OF THE CREDIT CARD



We kindly need the following details for the invoice:

GUEST NAME OR COMPANY NAME:.....
ADDRESS:.....
POST CODE:.....
CITY:.....
COUNTRY:.....
VAT N°(JUST IF YOU NEED IT ON THE INVOICE):.....
EMAIL ADDRESS (MANDATORY):.....



Looking forward on welcoming you in Bergamo.

Best Regards.

Patrizia Basile - Booking Department
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