Please write to info@hotelmiltonroma.com to check available rooms; secondly please fill out the form and send it, via fax or email,

WITHIN AUGUST 20, 2015

Fax +39 06 452 340 08

ARRIVAL: ……

DEPARTURE: ……

PREFERRED ROOM:
- ☐ Single room Euro 110 p/night
- ☐ French-bedded, single use Euro 125 p/night
- ☐ Double for single use Euro 145 p/night

Please note that rates are VAT included but City Tax excluded (Euro 6ppp).

BW Plus Hotel Milton
Via Emanuele Filiberto, 155
00185 Roma
Tel. +39.06.77207325

info@hotelmiltonroma.com
www.hotelmiltonroma.com

October 4 – 7, 2015
UNIV. OF ILLINOIS agreed rates

Name and Surname			
Address			
City and Zip Code			
State		Tel.	
Fax		Email	

I authorize the Best Western Plus Hotel Milton (owned by Hotel.com Srl) :

To debit my card on SEPTEMBER 25, 2015. After this deadline the reservation cannot be modified or cancelled.

The hotel reserves the right to pre-authorize credit cards upon the reservation. The payment won't be done before September 25.

Payment with Credit Card :

☐ **Visa** ☐ **Mastercard** ☐ **Amex** ☐ **_ Other**

OWNER (Please write the Name and Surname as written on the Card)

_____

Credit Card N. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Exp. Date: ☐☐ ☐☐

This authorization is irrevocable

The applicant is legally liable about the data above written.

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Date_____ **Signature**_____