



## HOTEL RESERVATION FORM

May 6th – May 9th, 2025

ESAFORM

SURNAME ..... NAME .....

ARRIVAL DATE ..... DEPARTURE DATE.....

NUMBER OF NIGHTS..... PHONE NUMBER .....

E-MAIL .....

INVOICE ADDRESS .....

CITY.....NOTE.....

### TREATMENT OF BED AND BREAKFAST

- IN STANDARD DOUBLE SINGLE USE (1 PERSON) € 110,00 PER NIGHT
- IN STANDAR DOUBLE ROOM ( 2 PERSONS) € 130,00 PER NIGHT
- IN SUPERIOR DOUBLE SINGLE USE ( 1 PERSON) € 160,00 PER NIGHT
- IN SUPERIOR DOUBLE ROOM ( 2 PERSONS) € 180,00 PER NIGHT
- IN TRIPLE ROOM ( 3 PERSONS ) € 220,00 PER NIGHT
- IN DELUXE DOUBLE ROOM ( 2 PERSONS ) € 240,00 PER NIGHT

PLEASE SEND A COPY OF YOUR PASSAPORT OR IDENTITY CARD FOR FAST REGISTRATION ( NOT COMPULSORY)

NAME OF OTHERS PEOPLE IN THE ROOM ( IF DOUBLE, TRIPLE, QUADRUPLE) WITH DATE OF BIRTH AND PLACE OF BIRTH.....

PLEASE INFORM US OF ANY ALLERGIES .....

**To confirm the reservation we require Credit Card number and expire date (only to guarantee the reservation) or link to your email or Deposit by bank transfer of first night to be send to our bank**

**UNICREDIT BANK – IBAN IT 23 H 02008 76021 000500090640**

**ACCOUNT OF HOTEL ARISTON S.r.l.**

TYPE OF CREDIT CARD .....

EXPIRE DATE ..... NUMBER.....

Cancellation is possible with no charge until ten days before arrival date

Please send this form by e-mail to [info@hotelariston.com](mailto:info@hotelariston.com) –and we will confirm your reservation

DATE .....SIGNATURE .....

*All date entered will be processed by the individual structures only for the purpose of guaranteeing the correct procedures relating to hotel bookings in observance of the conditions dictated by Legislative Decree. no. 196/2003 on Privacy. Sending this form implies the reading and acceptance of the rates, payment and cancellation methods relating to the Hotel where this reservation is made and indicated in the document.*