



HOTEL BOOKING FORM

FAMILY NAME:FIRST NAME:

ARRIVAL DATE:TIME:

DEPARTURE DATE:

ADDRESS :
.....

TELEPHONE : Fax:

EMAIL:.....

Please book: ___ **Single at 75,00 €** ___ **Double at 100,00 €** ___ **Twin at 100,00 €**

This rate is per room, per night, VAT, service, taxes and buffet breakfast included.

**Each reservation must be guaranteed with a credit card
Without guarantee, the reservation will be NOT accepted.**

CREDIT CARD: NUMBER :

EXP.:/.....SIGNATURE :

Cancellation policy

**I authorize Grand Hotel SanMarino to charge my credit card
according to the following cancellation policy:**

- Room can be cancelled free of charge up to 4:00 PM of 2 days prior arrival.
- Later on and in case of No show, the first Night will be charged.

**Thank you for returning this reservation as soon as possible but not later than April, 5th 2013
After that date, reservations are subject to availability.**

You'll receive a confirmation at the above mentioned email or fax number

GRAND HOTEL SAN MARINO****

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