

# RUSSOTT HOTEL Giardini Naxos

## Hotel Booking Form "VECIMS 2005" "CIMSA 2005" – July 18/22, 2005

### HOW TO BOOK:

*Fax the completed hotel booking form to:*

**Congress Dept.** - RUSSOTT HOTEL – Telephone n° + 39 (0)942 51931

Fax n° + 39 (0)942 576009 – E-mail: congressinaxos@russottfinance.com

### HOW TO PAY FOR ACCOMMODATION:

*Arrangements have been made for you to pay the hotel for your accommodation on departure. However, you are required to give your credit card details as guarantee for the following reasons:*

- a. **Cancellation:** if you cancel **before June 15<sup>th</sup>**, no penalty fee will be charged on your credit card;  
if you cancel **between June 16<sup>th</sup> and July 10<sup>th</sup>**, the hotel will use your credit card to charge 75% accommodation fee for each room/apartment cancelled;  
if you cancel **after July 10<sup>th</sup>**, the hotel will use your credit card to charge 100% accommodation fee for each room/apartment cancelled;
- b. **No Show:** if you fail to arrive, the hotel will use your credit card details to charge 100% accommodation for each room/apartment not used.

**If you do not provide complete credit card details, no accommodation can be booked for you.**

### PLEASE RESERVE FOR:

Title \_\_\_\_\_ Initials \_\_\_\_\_ Surname \_\_\_\_\_

Address for all correspondence \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### RUSSOTT HOTEL 4\*\*\*\*

- HB basis per double room single use € 85,00 per day ☐
- HB basis per double room € 112,00 per day ☐

### HOLIDAY CLUB NAXOS 3\*\*\*

- HB basis per room apartment single use € 77,00 per day ☐
- HB basis per room apartment double use € 96,00 per day ☐
- For room or apartment reservation requested **after June 15<sup>th</sup>**, confirmation will be given upon availability of the hotels with a surcharge of **20%** of the accommodation rates.

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ n° of nights \_\_\_\_\_

My credit card details are: Mastercard/Visa/Amex/Diner's Club (delete as appropriate)

Card N° \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name shown on card \_\_\_\_\_

Cardholder's, billing address \_\_\_\_\_

### IMPORTANT:

I understand and accept that if I cancel **before June 15<sup>th</sup>**, no penalty fee will be charged on my credit card; if I cancel **between June 16<sup>th</sup> and July 10<sup>th</sup>** the hotel will charge for 75% per room/apartment not used; if I cancel **after July 10<sup>th</sup>** or do not show up, the hotel will charge for 100% accommodation per room/apartment not used.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE FAX TO:

**Congress Dept.** – RUSSOTT HOTEL on fax n° + 39 (0)942 576009 - HOTEL CONFIRMATION N° \_\_\_\_\_