



**HOTEL EXCELSIOR
NAPLES, JUNE 15TH – 17TH 2006**

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

Deadline for reservation May 15th. 2006

TICK	HOTEL	SINGLE ROOM	DOUBLE ROOM
<input type="checkbox"/>	Hotel Excelsior Via Partenope 48 Tel. +39 081 / 764.0111/180 Fax. +39.081 / 764.9743/4230	200 €	250 €

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: € _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card: (CIRCLE)

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE _____

PRINT SIGNATURE _____

Date _____