HOTEL MAJESTIC
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
[ ]	Hotel Majestic Largo Vasto i Chiaia 68 Tel. +39 081 / 746.3180 Fax. +39.081 / 746.3194	130 €	175 €

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

nº _____ Expiry date_____/_____

_____ _____
SIGNATURE PRINT SIGNATURE

Date_____