

CAMPIONATI DELLA CUCINA ITALIANA

15TH – 19TH FEBRUARY 2019

PARTNERSHIP WITH
BEER ATTRACTION
RIMINI EXHIBITION CENTER



HOTEL CONTINENTAL
QUATTRO STELLE RIMINI

RESERVATION FORM

[FOR INFORMATION RESERVATIONS CALL THE NUMBER + 39 327 365576](#)

PERSONAL INFORMATION

Surname _____ First Name _____

Arrival Date _____ Departure Date _____

E – Mail _____ Mobile _____ Fax _____

ROOM ACCOMMODATION & PRICE

(Write the number of rooms that you need it near the chosen type) At the end of the total rooms reserved for the event "Campionati della Cucina Italiana", the Booking Office will contact you to define your accommodation in neighboring hotels.

I CHOOSE HOTEL CONTINENTAL "HOME BASE FIC" 4stars

Nr. ____ Double Single Use € 55

Nr. ____ Matrimonial € 65



Nr. ____ Double € 65

Nr. ____ Triple Bed € 85

I CHOOSE HOTEL NEAR HOME BASE FIC 3stars

Nr. ____ Double single Use € 45

Nr. ____ Matrimonial € 55



Nr. ____ Double € 55

Nr. ____ Triple Bed € 75

Prices for BED & BREAKFAST, per room, per night excluding tourist tax

NOTE.....



FOR BOOKING SCHOOL OR FOR SUPPLIERS OVER 10 ROOMS CALL THE NUMBER +39 327 3655764

PAYMENT GUARANTEES AND METHODS

We are kindly to ask for a credit card number with relative expiry date to **guarantee reservation**

Card _____ Nr. _____ / _____ / _____ / _____ Deadline _____ / _____

. On 11 February 2019 we will debit the amount of the first night as a final confirmation on your credit card.

. **Direct balance at departure.**

DATA FOR POSSIBLE INVOICING (If nothing is specified, a nominal tax receipt will be issued)

BUSINESS NAME _____

ADRESSE/ CAP/ CITY _____

CF _____ PI _____

HOTEL RESERVATION FORM TO SEND BY 4th FEBRUARY 2019

Each participant will book their accommodation through this form compiling it in its parts and sending it by fax to **0541 55455** or to the e-mail address **res@hotelsportingrimini.com**. You will receive this countersigned for acceptance within 24 hours of receipt with your chosen hotel specification.

PENALTY FOR CANCELLATION

No penalty for cancellations received by February 10, 2019, after which for non-arrival or for early departure, the total amount confirmed in the reservation on the credit card indicated above.

FOR CLIENT
Signature _____
Date _____

FOR HOTEL
Final confirmation _____
Assigned Hotel _____