**ROOM RESERVATION FORM - ARISTON HOTEL – Paestum -**

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SURMANE …………………………..……………………….. NAME ……………………………………….………….………………………

ARRIVAL DATE …………………………………………… DEPARTURE DATE …………………….……….…………………………….

NUMBER OF NIGHTS …………………………………………… MOBILE NUMBER ……………….…………………………………..

E-MAIL ………………………………………………………………………….….………………………………………………….……………….

INVOICE ADDRESS :……………………………. ……………… ………………….………………………………………………………………

………………………………………………………………………………………………………………………………………………………………

STREET………………………………………………… CITY ……………………………………………………ZIP CODE……………………..

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ROOM RESERVATION ON BED BREAKFAST BASIS

IN DOUBLE SINGLE USE ROOM EURO 90,00 PER NIGHT

IN DOUBLE/TWIN STANDARD ROOM EURO 110,00 PER NIGHT

IN DOUBLE/TWIN SUPERIOR ROOM EURO 160,00 PER NIGHT

IN DOUBLE/TWIN DE LUXE EURO 210,00 PER NIGHT

PLEASE ATTACH COPY OF PASSPORT OR IDENTITY CARD FOR A FAST CHECK IN

PLEASE WRITE NAME , SURNAME , DATE OF BIRTH AND PLACE OF BIRTH OF THE OTHER PEOPLE IN THE ROOM

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PLEASE NOTE IF THERE ARE ANY ALLERGIES ……………………………………………………………………………………………….

**TO CONFIRM THE RESERVATION WE REQUIRE DEPOSIT OF FIRST NIGHT STAY TO BE SENT TO:**

UNICREDIT BANK – IBAN IT 23 H 02008 76021 000500090640 - SWIFT CODE UNCRITM 1644

ACCOUNT NUMBER OF : HOTEL ARISTON S.r.l. – OR SEND CREDIT CARD NUMBER AND EXPIRE DATE

OR WE CAN SEND YOU A LINK TO PAY FIRST NIGHT STAY AT E-MAIL   
PLEASE SEND THIS FORM TO : [info@hotelariston.com](mailto:info@hotelariston.com) AND WE WILL CONFIRM YOUR RESERVATION

DATE ………………………………………………………………………SIGNATURE………………………………………………………………………