

HOTEL RESERVATION FORM

To be sent via e-mail or fax to:

Hotel Continental - Via M. Mazzella, 88 - 80077 ISCHIA (NA) Italy e-mail: <u>booking@hotelcontinentalischia.it</u> - Fax: 0039 081 3336276

Surname		First name
City		Country
Phone		Fax
E-mail		
Date of arrival	_ Date of departure	Number of nights
Twin/Double single use 1 pa	ix 140,00 EUR	
Twin/Double standard 2 pay	4 180,00 EUR	
<i>City tax EUR 3,00 per</i> A The deposit will be ret The rema The ba	person per day not include deposit of 1 night is requi urned only in case of writt aining balance of the reser- alance of any other extras	nd include breakfast, Wi-Fi, service and 10% VAT ed – payment at the front desk upon check-out ired to confirm reservation ten cancellations received before June 11 th 2024 rved room will be paid at check-in and city tax is due at check-out lability is not guaranteed and rates may change
PLE	ASE CHOOSE YOUR PREFE	RRED PAYMENT METHOD (*)
By credit card with Pay-by-li	nk (**)	By Bank Transfer (***)
Date		Signature
(*) The deposit of 1 night is	due upon receipt of the b	ooking confirmation by the Hotel Continental
(**) a pay-by-link will be sen server by credit card.	t by e-mail with the booki	ing confirmation for the deposit payment on a secure
ACCOUNT HOLDER: Cont		IFT/BIC Code: BPMOIT22XXX; t via fax or e-mail.
Via Michele Ma		tinental Ischia a (NA) Tel. 081.3336.111 - Fax 081.3336.276

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