

## HOTEL REGISTRATION FORM

Please fax or email this form to the **GRAND HOTEL DUCHI D'AOSTA\*\*\*\***

**Port or Company:** \_\_\_\_\_  
**Full name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City and Postal Code:** \_\_\_\_\_  
**Country:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### LODGING OPTIONS

**DOUBLE ROOM INDIVIDUAL USE**       **DOUBLE ROOM SHARED**       **JUNIOR SUITE**

Name of the delegate: \_\_\_\_\_

Name of the accompanying person: \_\_\_\_\_

**Check in:** \_\_\_\_\_ **Check out:** \_\_\_\_\_ **Number of nights:** \_\_\_\_\_

### PAYMENT OPTIONS MedCruise package rate.

**DOUBLE ROOM (INDIVIDUAL): € 179,00 per night**     **DOUBLE ROOM SHARED: € 240,00 per night**     **JUNIOR SUITE: € 240,00 per night**

**CREDIT CARD HOLD** n. \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
 (Visa, Mastercard, American Express, Diners)

**BANK TRANSFER TO HOTEL DUCHI D'AOSTA:** Banca Antonveneta Abn Ambro  
 Intestato a Magesta S.p.A - Piazza della Borsa, 11 Trieste  
 CIN Z ABI 05040 CAB 02230  
 C/C 33692J IBAN IT29Z050400223000000033692J  
 SWIFT /BIC ANTBIT2PTST

**IMPORTANT:** include as concept of transfer "MEDCRUISE AND THE FULL NAME OF THE DELEGATE"

#### Hotel Reservation Cancellation Policy

Through 14 May 2008: Refund 100%

After 15 May 2008, there will be no refund on a cancelled reservation.

**PLEASE FAX OR EMAIL THIS FORM TO THE GRAND HOTEL DUCHI D'AOSTA**

Piazza Unità D'Italia 2 34121 Trieste - Italy

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Email: [info@duchi.eu](mailto:info@duchi.eu)

Web: [www.grandhotelduchidaosta.com](http://www.grandhotelduchidaosta.com)

or