



**RESERVATION FORM FOR MEETING**

**‘Spring in Italy’**

**w/ DR TOM KOLARIK  
17 / 18 MAY 2025**

*FAMILY NAME (Last):*

*NAME (First):*

*TEL:*

*E-MAIL:*

*ARRIVAL DATE:*

*DEPARTURE DATE:*

*SINGLE OCC. ROOM:*

*(€ 220.00 per night breakfast included)*

*DOUBLE OCC. ROOM \_\_\_\_\_*

*(€ 250.00 per night breakfast included)*

*CITY TAX OF EURO 4.5 PER PERSON PER NIGHT NOT INCLUDED*

*N° CREDIT CARD:*

*EXPIRING DATE:*

*INTITLE TO:*

*CREDIT CARD WILL BE CHARGED 30 DAYS BEFORE CHECK IN*

*note :*

*DATE:*

*SIGNATURE \_\_\_\_\_*

*PLEASE SEND BY EMAIL TO [M.SARNO@SANFRANCESCOALMONTE.IT](mailto:M.SARNO@SANFRANCESCOALMONTE.IT)*

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