

HOTEL RESERVATION FORM

Belstay Roma Aurelia

Via Bogliasco, 27 - 00165 Roma Email: a.massaroni@belstayhotels.it - Tel +39 06 66509506

"EUROPEAN RADIATION PROTECTION WEEK 2024"

Please fill out the form and return to the hotel by July 31st. After that date, room availability is not guaranteed

Family Nome		Nome	
Country	Address _		City
Telephone Numbe	r	Email	
In case	you require on invoice. please	e provide us with a	all necessary data:
lf you requ	ire more than one room. plea	ise fill out a form f	or each room booked
C/IN date:	C/OUT:		
DOUBLE FOR SINGLE USE	€ 125.00		
DOUBLE ROOM	€ 140.00		
TWIN ROOM	€ 140.00		
Given rates are per room per night and in	nclude full American Breakfas	t and VAT	
City tax (euro 7.50 per person per night)	is not included		
Payment conditions:			
payment for hotel service con be made c	lirectly at the hotel. but a crec	dit card details are	required to guarantee the booking.
The hotel			
CREDIT CARE	DATA TO GUA	ARANTEE	THE RESERVATION
Credit card holder	Kind of credit	t card	
Credit card Number			
I authorize the Hotel Belstay Rome Aureli con be cancelled free of charge within 7	-		in the event of no/show or late cance

Pursuant to Legislative Decree 196/2003, I declare to be aware that my data will be processed to fulfil institutional purposes and the principle of relevance. therefore I authorize the processing based on the art. 13 of EU Regulation 2016/979 relating to te protection of persons (GDR)"