



Keyword: **ATW19**

Show dates: **12/13 March 2019**

Re-send to: **0049-89-36001-9118** or **reservations-muc@rilano.com**

ROOM RESERVATION

Arrival: _____ Departure: _____

Company/Contact Person: _____

Address: _____

Tel: _____ / _____ Fax: _____ / _____

Email: _____ @ _____

Guest/s name (first name & family name): _____

CATEGORY:

The rates for pre-arrival or additional nights on request and availability.

Number of nights

Superior Double Room for single use

11 - 13 March 2019 at a rate of € 148,00 including breakfast per room per night _____

The above mentioned rate includes the currently applicable VAT (7% VAT on lodging / 19% VAT on other services) and service charge, are valid per room and per night and only available in above mentioned period.

Invoice address: _____

Mastercard Visa Amex

Credit Card Number: _____ Expiry Date _____ / _____

Credit Card Holder: _____

To be filled in by the hotel:

Confirmation: YES **Reservation number:** _____

Cancellation Policy: Cancellation free of charge until 18 February 2019.

In case of a cancellation or non-utilization after this date the hotel reserves the right to charge 90% for the entire stay.

Denial/Reason: _____

Date/Signature: _____ Stamp of the Hotel: _____