

Marriott.
GRAND HOTEL FLORA
ROME

ICANN RESERVATION BOOKING FORM
20th to 25th January 2009
RESERVATION FORM

Name and Family Name: _____

Date of Arrival: _____

Date of Departure: _____

Category of rooms to book:

Deluxe double room use single (1 pax) at Euro 200.00 per n° ___ of nights = € _____

Deluxe double occupancy room (2 pax) at Euro 220.00 per n° ___ of nights = € _____

All the above rates are per room per night and include Tax and full buffet breakfast.

Total Charge according to services confirmed = €

According to ICANN contract, the 50% of above charge will be debit on your credit card as a deposit payment 30 days prior the arrival date - by the 30th December 2008.
All additional charges will be settled in the hotel.

Please fill in the attached Authorisation Third Payment Form in order to allow us the 50% charge on your credit card. We do wish to inform you that together with the Third Payment Form we will need a copy front & back of the credit card and of the passport or ID of the credit card owner.

Booking needs to be confirmed by 30th December 2008; additional booking request will be confirmed according to our availability.

In case of cancellation made from 31st December 2008 to the arrival date the above payment will be kept to cover the late cancellation charges.

In case of late cancellation or no-show or early departure the above deposit amount paid will be kept as penalty to cover the late cancellation charges.

Please send the Reservation Form and the Third Payment Form by fax at the following fax number: 0039-06-48992796.

For any further information or details please contact:

Ms Annacarla Carboni (0039-06-48992661 e-mail address: a.carboni@grandhotelflora.net)

Ms Alessandra Zampelli (0039-06-48992741 e-mail address: a.zampelli@grandhotelflora.net)

Signature:

Date:

Marriott
GRAND HOTEL FLORA
ROME

ICANN RESERVATION THIRD PAYMENT FORM
20-25 JANUARY 2009

THIRD PARTY CREDIT CARD PAYMENT FORM

NOME
GUEST NAME-----

DATA DI ARRIVO
ARRIVAL DATE-----

DATA DI PARTENZA
DEPARTURE DATE-----

IMPORTO A CARICO
AMOUNT TO CHARGE (According to the attached Reservation Form): €-----

OBJECT: Deposit payment due as per ICANN group reservation from 20th to 25th January 2009 –ICANN contract dated 4th December 2008

NUMERO CARTA DI CREDITO
CREDIT CARD NUMBER-----

DATA DI SCADENZA
EXPIRY DATE-----

TITOLARE CARTA DI CREDITO
CARDHOLDERS NAME-----

INDRIZZO DEL TITOLARE/INDIRIZZO E-MAIL
CARDHOLDERS ADDRESS/E-MAIL ADDRESS-----

PLEASE BE SO KIND TO ATTACHE A COPY OF THE CREDIT CARD AND I.D. FRONT & BACK.
SI PREGA ALLEGARE FOTOCOPIA, FRONTE E RETRO DI CARTA DI CREDITO E C. IDENTITA'.

Autorizzo il Rome Marriott Grand Hotel Flora ad addebitare le suddette spese sulla mia carta di credito.
I authorise the Rome Marriott Grand Hotel Flora to debit my credit card with the above amounts as specified.

FIRMA DEL TITOLARE
CARDHOLDERS SIGNATURE-----

DATA

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