**BOOKING FORM FOR MEETING 2-3 APRIL 2014**

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For overnight accommodation at the **Hotel James Joyce - Trieste**, Via dei Cavazzeni, 7 - 34121 Trieste – Italy   
Trieste, please fill in this form and send it back:

**- by Fax +39 040 307223**

**- by e-mail:** [**info@hoteljamesjoyce.com**](maitlo:info@hoteljamesjoyce.com)

If you have any questions or wishes, please, contact us by phone: **+**39 040 302065

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last name:** |  |
| **Telephone number:** |  |
| **E-mail address:** |  |
| Name of Accompanying Person : |  |
| **Arrival date:** |  |
| **Number of nights:** |  |
| **Departure date:** |  |

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| --- | --- |
|  | **Please, specify room preference** |
| **DUS** 80,00€ per room, per night incl. VAT 10%, breakfast |  |
| **extra charge for double occupancy** 25,00 € |  |

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| **In order to guarantee your booking, please provide the following:** | |
| Credit Card Number |  |
| Credit Card Expiry date |  |
| Credit Card Type (VISA, AMEX, DINERS, MASTERCARD.) |  |

**Our cancellation policy:**

Your reservation can be cancelled free of charge until 7 days before arrival.

Late cancellation fees: – from 6 to 2 days prior to arrival 1 night amount will be charged;from day prior to arrival 100% of reserved nights will be charged.

**Your signature: Date:**

**Please send your reservation before 20th february 2014- After this date, rates and availability may not be guaranteed**

For a smoother check in proceedure, please fill in the following form with all the details required:

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest 1** |  | **Guest 2** |  |
| Family Name |  | Family Name |  |
| First Name |  | First Name |  |
| Nationality |  | Nationality |  |
| Date of birth |  | Date of birth |  |
| Place of birth |  | Place of birth |  |
| Type of document |  | Type of document |  |
| Nr of Passport |  | Nr of Passport |  |
| Place of issue |  | Place of issue |  |
| Date of Issue |  | Date of Issue |  |

**We are looking forward to welcoming you!!!**