

# Rosa Grand

MILANO

TO CONFIRM THE RESERVATION WE KINDLY ASK YOU TO SEND US BACK THE FOLLOWING  
RESERVATION FORM DULY FILLED IN TO:

**STARHOTELS ROSA GRAND**

Piazza Fontana 3 – 20122 Milano

Ph. +39 02 88311 Fax +39 02 8057964 e-mail: [reservations.rosa.mi@starhotels.it](mailto:reservations.rosa.mi@starhotels.it)

With this letter, I confirm the following reservation part of the block: **ALLOTMENT “EASSIST210318”**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Arriva Date \_\_\_ / \_\_\_ / 2018

Number of Nights \_\_\_

Departure Date \_\_\_ / \_\_\_ / 2018

n. \_\_\_



**255,00 Double single use Deluxe**

Rates are per room per night, tax, service and buffet breakfast included

Supplement for the second person is 20.00 € per night

City tax 5.00€ per person, per night not included in the rate.

I guarantee the reservation along with the following credit card

Credit card: <b>American Express</b> <input type="checkbox"/> <b>Diners Club</b> <input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Mastercard</b> <input type="checkbox"/> <b>Altro:</b> _____	
Credit card holder _____	
Credit card number: _____	Expiry date: _____

**Copy of the credit card and passport enclosed**

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## CANCELLATION POLICY:

- From confirmation till 14 days before arrival: reservation can be cancelled and/or amended without any penalty.
- From 14 days prior to arrival: a 100% penalty fee will be charged for each room cancellation or reduction of stay to my credit card

I'm aware of the following details:

- my reservation will be considered accepted by the hotel only when the Rosa Grand will forward me the reservation number
- if my request will arrive after the **21 February 2018** it can be possible that the hotel will not confirm the same rates herewith proposed.

I confirm to have read and agreed on the above conditions and I look forward to receiving the confirmation number of my reservation.

Best regards

Date

Signature

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