

## **RESERVATION FORM**

A. Reservation Request Title: Dr/Prof DMr Mrs DMs
Name:
Mailing Address:
City: State: Postal/Zip: Country: Phone: Fax No:
Country: Phone: Fax No:
Email:
Arrival Date: Departure Date:
Partner: (name of the person who will share the room) (Check-in Time: 2.00pm, Check-out Time: 12.00pm)
<ul> <li>□ SICILY AND ITS ANCIENT EASTER TRADITIONS</li> <li>□ SICILY AND ITS CULINARY TREASURES</li> </ul>
<ul> <li>B. Extra services (Please check appropriate box)</li> <li>Rates/per car (1/2 passengers)</li> <li>□ Arrival transfer Palermo airport → hotel</li> <li>□ Eur 70,00</li> <li>□ Departure transfer hotel → Catania airport</li> <li>□ Eur 110,00</li> </ul>
<ul> <li>C. Payment         <ul> <li>A deposit of 30% will be required at the time of the confirmation. Kindly ask you to remit the payment on the account stated below:</li> </ul> </li> <li>Account holder: LAI VIAGGI srl         <ul> <li>Bank name: Banca Carige Italia -</li> </ul> </li> </ul>
Account number: 000007946080
Swift Code: CRGEITGG
IBAN (International Bank Account Number): IT63 M 06175 04604 000007946080
Or contact us ( <u>www.privatesicily.com</u> ) and pay directly with your credit card.
We accept:  □ Mastercard □ VISA □ American Express
PLEASE E-MAIL THIS FORM TO INFO@PRIVATESICILY.IT  If you have additional questions you can also contact Cetti Mangano - Italian Insights, LLC: 571 723 2254