HOTEL RESERVATION FORM

To be sent via e-mail or fax to:
Hotel Continental - Via M. Mazzella, 88 - 80077 ISCHIA (NA) Italy
e-mail: booking@hotelcontinentalischia.it Fax: 0039 081 3336276

Surname ___________________________ First name ___________________________
City ___________________________ Country ___________________________
Phone ___________________________ Fax ___________________________
E-mail ___________________________

Date of arrival __________ Date of departure __________ Number of nights _____

☐ Twin/Double single use 1 pax 125,00 EUR
☐ Twin/Double standard 2 pax 175,00 EUR

The above indicated special rates are per day and include breakfast, Wi-Fi, service and a 10% VAT
City tax EUR 3,00 per person per day not included – payment at the front desk upon check-out
A deposit of 1 night is required to confirm the reservation
The deposit will be returned only in case of written cancellations received before May 3rd 2024
The remaining balance of the reserved room will be paid at check-in
The balance of any other extras and city tax is due at check-out
Please note that after April 15th 2024 room availability is not guaranteed and rates may change

PLEASE CHOOSE YOUR PREFERRED PAYMENT METHOD (*)

☐ By credit card with Pay-by-link (**) ☐ By Bank Transfer (***)

Date ___________________________ Signature ___________________________

(*) The deposit of 1 night is due upon receipt of the booking confirmation by the Hotel Continental
(**) a pay-by-link will be sent by e-mail with the booking confirmation for the deposit payment on a secure server by credit card.
(***) IBAN CODE: IT64F0538739931000001330731; SWIFT/BIC Code: BPMOIT22XXX;
ACCOUNT HOLDER: Continental Terme srl.
Please send a copy of the bank transfer statement via fax or e-mail.

Hotel Continental Ischia
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