

## RESERVATION FORM HOTEL DUOMO PISA

<b>Customer Information</b> (* Required fields)			
E-mail Address:*			
Confirm E-mail Address:*			
First Name:*			
Last Name:*			
City:*			
Street Address:			
State/Province:*	required only for US, Canada, Australia		
Postal Code:			
Country:*			
Home Phone:*			
Alternative Phone:		ext.	
Fax:			
Company Name:			
<b>Room Reservation Information</b>			
Room Type:*	Single (EUR 90.00 BB)		Double (EUR 150.00 BB)
	Double for Single Use (EUR 120.00 BB)		
Arrival Date:*			
Departure Date:*			
Smoking Preference:			
Comments:			
<b>Credit Card Information</b>			
***CREDIT CARD INFORMATION IS REQUIRED IN ORDER TO GUARANTEE YOUR RESERVATION*** NO TRANSACTION! Refer to RESERVATION POLICY for more info			
Card Type:*			
Card Number:*			
Issue Number:*		for MAESTRO/SWITCH card only – enter 0 if neither	
3 Digit Security Code:*		last 3 digits on the signature strip of the card	
Valid From Date:*	Month		Year
Exp. Date:*			
Last Name on Card:*			