

TO: Starhotels Grand Milan
Via Varese, 23 21047 Saronno (VA)
Tel. :+3902963631
mail: reservations.grandmilan.va@starhotels.it

Date: _____

I would need to confirm the following reservation, with **AIMO Agreement**

Surname: _____

Name: _____

Arrival Date: ___ / ___ / 2024

N. Nights: _____

Departure Date: ___ / ___ / 2024

N° _____ person;

Superior Room ;

RATES

- Night of 06/11/2024 € 175,00
- Night of 07/11/2024 € 135,00

The above mentioned rates are per room in single occupancy, per night, including Full American Buffet Breakfast and 10% VAT. Supplement for second person € 20,00 per night, including Full American Buffet Breakfast and 10% VAT. City tax with amount of 2,00 € per person, per night (not applicable to children under 16 years old) will be applied.

In order to guarantee the reservation and pay the first night, 7 days before arrival date, here below credit card details:

Card Holder _____
N. _____ / Expire Date _____ CVV _____

Invoice details (Individual or Company name):

TERMS AND CONDITIONS

Free cancellation within 26/10/2024

Best regards,

Signature

Please fill in and send this form to : reservations.grandmilan.va@starhotels.it

FROM THE HOTEL:

Dear Guest, Your reservation number is:
