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RESERVATION FORM



STREP FP6 project



www.adria-abruzzo.it

1. Participant Name: _____
2. Organisation: _____
3. Phone: _____ Fax: _____ e-mail: _____
4. Address: _____
5. State/Country: _____ Postal code: _____

Preferences:

superior single room € 149,00 per night

Payable to: _____

Total amount due: _____

Credit card number: _____

Expiry date

Surname as on card: _____

Date signed

Full Signature