



**Conference DRAF 2024**

17 – 21 June 2024

**HOTEL RESERVATION FORM**

To be sent via e-mail to:

Hermitage Resort & Thermal Spa – Via Leonardo Mazzella, 80 – 80077 Ischia (Na) Italy

E- mail: [info@hermitageischia.it](mailto:info@hermitageischia.it)

Surname \_\_\_\_\_ First name \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Date of arrival \_\_\_\_\_ Date of departure \_\_\_\_\_ Number of nights \_\_\_\_\_

**Rates (lodgin, breakfast, , internet wifi, taxes 10%Vat included)**

City tax 3.00 euro per person per day not included – to be paid at the hotel on departure

double standard room dependance (access only by stairs)	4 nights € 780,00 <input type="checkbox"/>	5 nights € 930,00 <input type="checkbox"/>	6 nights € 1030,00 <input type="checkbox"/>
comfort double room	4 nights € 820,00 <input type="checkbox"/>	5 nights € 980,00 <input type="checkbox"/>	6 nights € 1100,00 <input type="checkbox"/>
double room comfort sea side	4 nights € 860,00 <input type="checkbox"/>	5 nights € 1030,00 <input type="checkbox"/>	6 nights € 1140,00 <input type="checkbox"/>
double standard room single use dependance (access only by stairs)	4 nights € 760,00 <input type="checkbox"/>	5 nights € 905,00 <input type="checkbox"/>	6 nights € 965,00 <input type="checkbox"/>
double room for single use comfort	4 nights € 800,00 <input type="checkbox"/>	5 nights € 955,00 <input type="checkbox"/>	6 nights € 1020,00 <input type="checkbox"/>
double room single use comfort sea side	4 nights € 840,00 <input type="checkbox"/>	5 nights € 1005,00 <input type="checkbox"/>	6 nights € 1070,00 <input type="checkbox"/>
comfort single room	4 nights € 580,00 <input type="checkbox"/>	5 nights € 685,00 <input type="checkbox"/>	6 nights € 760,00 <input type="checkbox"/>

*“for special booking requests contact [info@drafconference.com](mailto:info@drafconference.com)”.*

**METHOD OF PAYMENT**

**Mastercar Visa**

Card number \_\_\_\_\_ expiration  
date \_\_\_\_\_

Free cancellation until the 17<sup>th</sup> of May; from the 18<sup>th</sup> of May 01 nights of penalty.From the 04<sup>th</sup> of June penalty of 100 % total amount I agree to be preauthorized the total amount of the stay from the 04<sup>th</sup> of June.

**Please, indicate the company’s details for the invoice:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

COMPANY’S VAT NR \_\_\_\_\_ CODICE UNIVOCO (ITALIAN COMPANIES) \_\_\_\_\_

**SPECIAL REQUESTS:**

Date \_\_\_\_\_ Signature \_\_\_\_\_