

Conference DRAF 2026

15-19 June

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

Surname _____ First name _____

Phone _____ e-mail _____

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

Rates per day (lodging, breakfast, , internet Wi-Fi, taxes 10%Vat included)

City tax 5.00 euro per person per day not included - to be paid at the hotel on departure

Double standard room dependance (access only by stairs)	04 nights €925.00 <input type="checkbox"/>	05 nights €1140.00 <input type="checkbox"/>	06 nights €1270,00 <input type="checkbox"/>
comfort double room	04 nights €970.00 <input type="checkbox"/>	05 nights €1190.00 <input type="checkbox"/>	06 nights €1330,00 <input type="checkbox"/>
Double room comfort seaside	04 nights €1000.00 <input type="checkbox"/>	05 nights €1230.00 <input type="checkbox"/>	06 nights €1370,00 <input type="checkbox"/>
double stand.room single use dependance (access only by stairs)	04 nights €740.00 <input type="checkbox"/>	05 nights €925.00 <input type="checkbox"/>	06 nights €1050,00 <input type="checkbox"/>
Double room for single use comfort	04 nights €780.00 <input type="checkbox"/>	05 nights €980.00 <input type="checkbox"/>	06 nights €1110,00 <input type="checkbox"/>
double room single use comfort seaside	04 nights € 800.00 <input type="checkbox"/>	05 nights €1000.00 <input type="checkbox"/>	06 nights €1130,00 <input type="checkbox"/>
comfort single room	04 nights € 545.00 <input type="checkbox"/>	05 nights € 680.00 <input type="checkbox"/>	06 nights €760,00 <input type="checkbox"/>

METHOD OF PAYMENT

Mastercard Visa

Card number _____ expiration date _____

Free cancellation until the 18th of May; from the 19th of May 01 night of penalty.

From the 05th of June penalty of 100 % total amount

I agree to be preauthorized the total amount of the stay from the 05th 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 _____