



PONTIFICIO ISTITUTO MAESTRE PIE FILIPPINI
Via Giuseppe Missori, 19
00165 Roma
Tel. 0039 06 63 52 01 Fax. 0039 06 630068
Email - info@mpfmissori.it
Website – www.mpfmissori.it
RESERVATION FORM

Number of persons _____

Surname and Name _____

Place and Date of Birth _____

Nationality _____ Passport Number _____

Issued by _____ Date and Place of Release _____

Address _____ Postal Code _____

Town/City _____ Prov./ State _____

Telephone _____ Fax _____

e-mail _____ cell. _____

Type of Room N. single _____ N. double _____ N. triple _____ Other _____

For a group, make a list on a separate sheet with the data as above for all group members.

Date & Time of Arrival _____

Date & Time of Departure _____

Deposit (figures) EURO _____ (words) EURO _____

Arrival time is set between 11 a.m. and 9 p.m. Any possible variation should be arranged with the Sister in charge. **The cost is as follows: 45 Euro single room; 50 Euro double room but single use; 78 Euro double room; 110 Euro triple room;** in every case breakfast is included.

Reservations: For less than four persons no deposit is necessary. A deposit – the cost of one night for each person -- is needed to confirm a reservation for four to nine people. For groups of more than nine people, 20% of the total bill is requested.

Payments must be made to:

Bank details: IBAN: IT28 B033 5901 6001 0000 0010 792 BIC: BCITITMXXX

Banca PROSSIMA S.p.A. Fil. Di Roma di P.le Gregorio VII, 10 intestato

a: CASA PER FERIE PONTIFICIO ISTITUTO MAESTRE PIE FILIPPINI

A deposit is refundable only when a reservation is cancelled **more than 3 months** from the date of arrival. Payment in full has to be made in cash (Euro currency).

When going out, guests are asked to leave room keys at the desk; return is expected by 11 p.m. Rooms are tidied in the morning when guests are out.

On the day of departure, guests are asked to check out after breakfast and leave keys at the desk. Cleaning on Sundays and Holidays is kept to what is essential.

I give permission to use my personal data according to Article 7 of the Legislative Decree 196/2003.

(You are kindly asked to write clearly and legibly.)

Date _____

Signature _____