RESERVATION FORM HOTEL DUOMO PISA

Customer Information (* Required fields)						
E-mail Address:*						
Confirm E-mail Address:*						
First Name:*						
Last Name:*						
City:*						
Street Address:						
State/Province:* required only for US, Canada, Australia						
Postal Code:						
Country:*						
Home Phone:*						
Alternative Phone:		ext.				
Fax:						
Company Name:						
Room Reservation Informatio	n					
Room Type:*	Single (EUR 90.00 BB)		Double	Double (EUR 150.00 BB)		
	Double for Single Use (EUR 120.00 BB)					
Arrival Date:*						
Departure Date:*						
Smoking Preference:						
Comments:						
Credit Card Information						
CREDIT CARD INFORMA RESERVATION NO TRAN		-				
Card Type:*						
Card Number:*						
Issue Number:*	for MAESTRO/SWITCH card only – enter 0 if neither					
3 Digit Security Code:*	last 3 digits on the signature strip of the card					
Valid From Date:*	Month		Year			
Exp. Date:*			•	•		
Last Name on Card:*						