

TO CONFIRM THE RESERVATION WE KINDLY ASK YOU TO SEND US BACK THE FOLLOWING RESERVATION FORM DULY FILLED IN TO:

STARHOTELS ROSA GRAND

Piazza Fontana 3 – 20122 Milano

Ph. +39 02 88311 Fax +39 02 8057964 e-mail: meeting.rosa.mi@starhotels.it

With this letter, I confirm the following reservation part of the block: **ALLOTMENT ACADEMIE DU VIN** (02-04 DEC 2026)

Code for booking: MCAD021226

Last Name _____

First Name _____

Arriva Date _____

Number of Nights _

Departure Date _____

n. _____



02.12.2026 € 330,00 single use
03.12.2026 € 330,00 single use

Rates are per room per night, tax, service and buffet breakfast included
Supplement for the second person is 60.00 € per night
City tax 10.00 € per person, per night not included in the rate.

I guarantee the reservation along with the following credit card

Credit card: American Express <input type="checkbox"/> Diners Club <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Altro:	
Credit card holder	
Credit card number:	Expiry date:

CANCELLATION POLICY:

- From confirmation to arrival: a 100% penalty fee will be charged for each room cancellation or reduction of stay to my credit card.

I'm aware of the following details:

- my reservation will be considered accepted by the hotel only when the Rosa Grand will forward me the reservation number

PAYMENT:

- Starhotels Spa will charge the amount of _____ Euro on the above mentioned card, as payment of the following reservation starting from confirmation

INVOICING DETAILS:

The invoicing data you have provided are as follows:

Name or company name	
Address (road and number, town, ZIP code, province)	
Tax code	
VAT no.	
E-mail	

I confirm to have read and agreed on the above conditions and I look forward to receiving the confirmation number of my reservation.

Best regards

Date

Signature
