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| **Palazzo Manfredi (5 stars)**  **Via Labicana 125, Roma** |  |

**a. Rates:** Double Room Single use: € 520; Double Room: € 520;

**b. Distance to the venue:** The hotel is about 1 km from the subway station Manzoni (line A). In order to get to the conference venue, take the subway till Anagnina (end of line) and take the bus 20 or 20 express till the stop “Facoltà di Economia” .

**c. Booking:** send the form available in the following paper to the travel agency at the following mail address ([efma2014@glieventi.it](mailto:efma2014@glieventi.it)). You will receive your hotel voucher in 48 hours

**d. Description of hotel plus facilities:**

Palazzo Manfredi is a magnificent historic villa that today serves as five-star hotel offering the tradition and warm hospitality of the Counts Manfredi.

Every detail is a family jewel, from the spectacular view of the Colosseum, to the courtesy of our staff, the classic and contemporary elegance of the décor, and our sophisticated restaurant on one of Rome’s most romantic terraces.

History is on our doorstep, but true luxury is being part of a great family’s history.

**Website:** <http://www.palazzomanfredi.com/en/>

**European Financial Management Association**

**2014 Annual Meeting**

**June 25th – 28th, 2014**

**Rome, ITALY**

**HOTEL RESERVATION FORM**

Complete with the number of Room required. Price are per room, per day and include breakfast and service

|  |  |  |  |
| --- | --- | --- | --- |
| Cognome / Surname | | Nome / Name | |
| Indirizzo / Address | | | |
| CAP / ZIP Code | Città / City | | Prov. / Country |
| Telephone | | Fax | |
| Società / Affiliation | | | |
| Data di Arrivo / Arrival date \_ \_ / \_ \_ / 2014 | | Data di Partenza / Departure date \_ \_ / \_ \_ / 2014 | |
| Notti / Number of Nights \_ \_ | Accompagnato da / Guest full name …………………………………….............. | | |

Hotel: **PALAZZO MANFREDI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| N. Single Rooms: |  | N. Double Rooms Single Occupancy: |  | N. Double Rooms: |  |

I authorize the Hotel to deduct all nights price from the credit card. The rate selected does not allow modifications of cancellation.

 American Express  Mastercard / Eurocard  Visa

Numero Carta/ Card number……………………………………………………………………………………………………………………......

Titolare Carta / Card owner …………………………………………………………………………………………………………………………..

Data di Scadenza / Expiration date …………………………………………………………………………………………………………......

Numero Carta/ Card number……………………………………………………………………………………………………………………......

 I hereby authorize to add my personal details to the travel agency mailing list in accordance to the Italian legislative decree 196/2003. I may have access to my personal details at any time and I can request their modification and cancellation.

|  |  |
| --- | --- |
| Data / Date | Firma / Signature |
| \_ \_ / \_ \_ / 2014 | ……………………………………………………………………………… |

Please send the reservation form to [efma2014@glieventi.it](mailto:efma2014@glieventi.it) and you will receive the Hotel voucher in 48 hours.