

HOTEL REGISTRATION FORM

"Dickinson College", 5th – 12th October 2025

To reserve a room please fill in the Reservation Form and forward it to the Hotel by 31st May 2025 to the following e-mail address: mice2ghmajestic@duetorrihotels.com

For any further information, please, contact Mrs. Federica Scorcelletti ph. +39 051 225445, or to the above e-mail address.

PARTICIPANT							
Mr. /Mrs. Surname		Name					
Town		Country					
Phone		Fax					
Address:							
Fiscal code							
REQUESTING THE INVOICE TO:		myself	Company				
Company Address							
City	Sta	te	Country				
Phone	Fax	e-mail					
Phone Fiscal code		VAT N°					
ACCOMPANYING							
Surname:		Name:					
RATES ARE VALID FROM 5 th – 10 th October 2025							
ARRIVAL DATE	DEPARTU	JRE DATE	NIGH	HTS			
Superior room	□ € 450,00 for single us	se □€550	,00 for double use				
	□ € 550,00 for single us						
	☐ € 650,00 for single us	· · · · · · · · · · · · · · · · · · ·					
- Junior Suite	, .		,00 for double use				
- Juinoi Suite	L t 1.100,00 for single	double use					
	category will be reconfirm ncy, please specify if the ro	0	ne □ Twin □				
1 . 1	er night, 10% VAT, service 7,00 per person, per night		t included.				

Grand Hotel Majestic "già Baglioni" – Via dell'Indipendenza 8, 40122 Bologna – Italy Tel: +39 051 225445 Fax +39 051 234840 E-Mail: info.ghmajestic@duetorrihotels.com



To confirm the reservation it is necessary to communicate credit card details as guarantee of the reservation (please fill in the following fields), whole stay will be preauthorize before arrival.

In case the selected room category is not available, the hotel will inform you immediately and propose the best solution that can match your request.

CANCELLATION POLICY

It is possible to cancel your reservation free of charge within 30 days before arrival.

After the above deadline, in case of cancellations or no shows, the hotel reserves the right to charge the full room amount on the credit card communicated as guarantee.

PAYMENT OPTIONS

•	Credit c	ard:				
	Visa		Mastercard		American Express	
n°					Expiration date	
Name o	on card _					
□ I a	authorize	to charge	the amount of €		on my credit card	
Signatu	re				Date	
OR						
•	Bank tra	unsfer to:				
			STIC "GIA' BAGLIO DLO – AG. CORSICC		ldress: VIA CAVOUR 13	
			Corsico Area: M			
Accour	nt: DUET	ORRI HO	OTELS SPA			
SW/IFT	code: BO	TTTTMM	XXX Account n	umber: I	C22M0306933033100000016545	