



SINA VILLA MEDICI  
FIRENZE

AUTOGRAPH COLLECTION®  
HOTELS



### Hotel Reservation Form

Date, \_\_\_\_\_

**Ref.: The Florida Bar – Executive Council**

Guest name:

Full address:

Telephone:

Email:

Credit card number:

Credit card holder:

Expiration date:

Arrival date, number of rooms and number of  
nights:

Daily room rate

Double Single Use € 270,00

Double Room € 300,00

Rates are per room per night including American  
buffet breakfast.

Via Il Prato 42, 50123 Firenze, Italy  
T +39 055 277171 F +39 055 2381336  
sinavillamedici@sinahotels.com

SIGNATURE  
HOTELS & RESORTS

FIRENZE ROMA VENEZIA PERUGIA ROMANO CANAVESE - TORINO  
MILANO PARMA VIAREGGIO CORTINA D'AMPEZZO MIRAMBEAU - BORDEAUX  
www.sinahotels.com



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Vat 10% and city tax € 5,00 per person per night in addition.

**Cancellation terms:**

For cancellation received by June 21<sup>st</sup> 2018, we will charge for one night's room and tax

For cancellation received after June 22<sup>nd</sup> 2018, we will charge 50% of total stay

For cancellation received after June 23<sup>rd</sup> 2018, we will charge 100% of total stay

Please send this form duly completed and signed and copy of the credit card on both sides within **March 15<sup>th</sup>** by email to: [groupshvm@sinahotels.com](mailto:groupshvm@sinahotels.com)

***Card Holder Signature***

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