

EXCURSION BOOKING FORM

Selected excursions:

Name and surname _____

Address _____

Tax Id Code _____

e-mail _____

phone _____

Amalfi 17_jul

number of participants _____

Paestum 18_jul

number of participants _____

Pompei 19_jul

number of participants _____

You are invited to pay 25% of the fee by **May 15, 2024** and the balance by **June 30, 2024**
Reservations will be accepted until available places are filled.

CANCELLATION CONDITIONS

For cancellations received by 5 July 2024, a 50% refund of the amount will be refunded.
After this date there will be no refund.
Only cancellations in written form will be accepted.

I authorize the processing of my data pursuant to Legislative Decree 196/2003 on privacy. The data will not be disseminated or communicated to parties other than those who contribute to the provision of the requested services. In the absence of this authorization it will not be possible to make the reservation.

Terms of payment:

© **BANK TRANSFER:**

IBAN: IT29V0306915216100000007854

*De Cesare Viaggi della Dr. Cap. Nicola De Cesare srl
Intesa San Paolo SPA*

*Filiale 15216 di Salerno - C.so Vittorio Emanuele
IBAN BIC BCITITMM*

Data _____

Firma _____