

I MARMOTOUR

RESERVATION REQUEST FORM

PART TO BE FILLED OUT BY THE VISITOR AND FORWARD BY MAIL TO MARMOTOUR@VIRGILIO.IT TO PROCEED WITH THE DEFINITIVE RESERVATION

If VAT holder:

NAME/CORPORATE NAME: _____

If not VAT holder:

NAME AND SURNAME: _____

In both cases:

Mobile phone number for any urgent communications: _____

Email address for any communications: _____

GROUP NAME: _____

VISIT REQUEST (choice between MarmoTour, Cava Tasting, The Places of Michelangelo):

DATE OF THE VISIT: _____ VISIT TIME: _____

LANGUAGE (choice between Italian, English, French or German): _____

Number of participants: ADULTS _____

CHILDREN BETWEEN 6 AND 12 _____

CHILDREN BETWEEN 0 AND 5 _____

COURIERS/TOURLEADERS _____

STUDENTS _____ DEGREE _____

TEACHERS/PROFESSORS: _____

PAYMENT (in cash at time of the visit or by bank transfer*): _____

IBAN for the bank transfer: IT 27 C 01030 24501 000001183108 SWIFT: PASCITM1Y40

*The bank transfer must be made at least 5 working days prior to the visit.

IF YOU NEED THE INVOICE, PLEASE FILL IN THE FOLLOWING PART:

ADDRESS: _____

VAT: _____

WE REMEMBER YOU THAT COACHES MUST NOT EXCEED 12,50 METERS IN LENGHT AND MUST NOT BE ON TWO FLOORS.

YOUR STAMP AND SIGNATURE

Marmo Tour di Francesca Dell'Amico - Sede Legale: P.zza F.lli Rosselli, 1- 54033 Carrara (MS)

Luogo di svolgimento dell'attività: Piazzale Fantiscritti n. 84 - Loc. Miseglia - 54033 Carrara (MS)

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