

PANEVINO

...an authentic Italian Grille

246 Via Antonio • Las Vegas, Nevada 89119 • Telephone: 702.222.2400 • Fax: 702.222.2410

NEW YEAR'S EVE GALA

THURSDAY, DECEMBER 31, 2020

RESERVATION FORM

Please complete the following information and return promptly via Fax to (702) 222-2410. Please Note: If your e-mail is not encrypted, sensitive information may be subject to vulnerability. For any questions please contact Vincenzo Granata (vincenzo@panevinolasvegas.com) or Mark Lopez (mark@panevinolasvegas.com) at (702) 222-2400.

Please Type or Print Clearly

Reservation Name: _____ Number of Guests: _____

E-mail: _____

Address: _____ City: _____ State: _____

Country: _____ Zip Code: _____

Hotel: _____ How did you hear about us?: _____

Home Phone: _____ Business Phone: _____ Fax: _____

TOTAL PRICE: \$99 per Person

Inclusive of Four-Course Dinner & Party Favor
(PLEASE NOTE: Wine, Alcohol, Beverage, Gratuity, and Sales Tax are Additional.)

TRADITIONAL Menu # _____

PLANT-BASED Menu # _____

CANCELLATIONS: Cancellation must be received in writing no later than Thursday, December 24, 2020 in order to obtain a refund. NO REFUNDS WILL BE ISSUED AFTER THURSDAY, DECEMBER 24, 2020 & DEBIT AND/OR CREDIT CARDS WILL BE CHARGED FULL PRICE PER PERSON ACCORDING TO THE ORIGINAL RESERVATION. THE SAME RULE APPLIES TO NO SHOWS. BY SIGNING THIS FORM GUEST AGREES TO THE EXPRESSED TERMS & CONDITIONS.

CREDIT CARD PAYMENT: In order to confirm and guarantee your reservation; a copy of the front and back of your credit card along with a copy of a picture I.D. of the credit card holder where the first and last names match the ones on the credit card must be attached to this form. (Credit cards will be charged only on the day of the event.) No personal checks allowed.

DRESS CODE: Elegant Attire is recommended.

NOTE: All seating and table assignments are strictly at the discretion of the Management.

CREDIT CARD Please mark one: American Express Visa MasterCard Discover

Name as it appears on the card: _____

Card Number: _____ Expiration Date: ____/____/____

Billing Address of Credit Card: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cardholder's Signature: _____

Number of Guests _____ X \$99 = \$ _____ Total to be charged.
Please note: 20% Gratuity, Alcohol, Beverages, and Tax will be added to the total bill at conclusion of the event.