

HOTEL BOOKING FORM - CONFERENCE CODE IMC/MNE 2009

(28 Sep - 1 Oct 2009)

Please use one booking form per room

Please return the completed form by 31 July 2009 to:

Ghent Marriott - Korenlei 10 - 9000 Gent
Fax: +32 (0)9 233 93 94 - Email: info@marriottghent.com

Reservations received after 31 July 2009 are subject to availability

GUEST DETAILS (please use block capitals)

Name: _____ First name: _____
Company : _____
Address : _____

VAT No. : _____
Tel: _____ Fax : _____
Email : _____

ROOM RESERVATION

- Single room at 190,00 EUR per night
 Double room at 205,00 EUR per night

The above rates include breakfast, all taxes and services. All rooms are non-smoking rooms.

Arrival date : ____/____/2009 Time of arrival : _____
Departure date : ____/____/2009 Number of nights : _____
Special requirements : _____

GUARANTEE / PAYMENT

In order to guarantee the booking, valid credit card details need to be provided. The credit card will only be debited in case of no-show or failure to cancel the reservation in accordance with the cancellation policy as stipulated below.

Credit card holder : _____
Credit card number : _____
Expiry date : _____ CVC code : _____
Signature card holder: _____

*Following credit cards are accepted : American Express / Eurocard-Mastercard / Diners Club / Visa
Bills must be settled before departure.*

CANCELLATION POLICY

Reservations can be cancelled free of charge until 24 hours before arrival. In case of cancellation after this date or in case of a no-show, the first night will be charged to the provided credit card. Cancellations are only accepted in writing (fax or email).

Date : _____ Signature : _____