

HOTEL BOOKING FORM - CONFERENCE CODE MNE 2009

Please use one booking form per room

Please return the completed form by **26 August 2009** to:

Hotel Gravensteen - Jan Breydelstraat 35 - 9000 Gent
Fax: +32 (0)9 225 18 50 - Email: hotel@gravensteen.be

Reservations received after 26 August 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 130,00 EUR per night Smoking
 Double room at 151,00 EUR per night Non-smoking

The above rates include breakfast, all taxes and services.

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 : _____