

HOTEL BOOKING FORM - CONFERENCE CODE MNE 2009

Please use one booking form per room

Please return the completed form by 14 August 2009 to:

Hotel Harmony - Kraanlei 37 - 9000 Gent
Fax: +32 (0)9 324 26 88 - Email: info@hotel-harmony.be

Reservations received after 14 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 164,00 EUR per night
 Double room at 180,00 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 / Visa
Bills must be settled before departure.*

CANCELLATION POLICY

Reservations can be cancelled free of charge until 3 days before arrival. In case of cancellation 2 days before arrival, 25% of the total reserved room nights will be charged. In case of cancellation 1 day before arrival, 50% of the total reserved room nights will be charged. In case of cancellation on the day of arrival or in case of no-show, 100% of the total reserved room nights will be charged. Cancellations are only accepted in writing (fax or email).

Date : _____ Signature : _____