

HOTEL BOOKING FORM - CONFERENCE CODE MNE 2009

Please use one booking form per room

Please return the completed form by 14 August 2009 to:

Ibis Opera - Nederkouter 24-26 - 9000 Gent
Fax: +32 (0)9 233 10 00 - Email: h1455-re@accor.com

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 103,00 EUR per night (96,00 EUR for the night of 26 Sept) Smoking
 Double room at 117,00 EUR per night (110,00 EUR for the night of 26 Sept) 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 : _____