

HOTEL BOOKING FORM - CONGRES IBBT-code IBBT10HdFL

Please use one booking form per room

Please return the completed form by **30th September 2010** to:

Hotel de Flandre - Poel 1-2 - 9000 Gent
Fax: +32 (0)9 266 06 09 - Email: info@hoteldeflandre.be

Reservations received after 30th September 2010 are subject to availability

GUEST DETAILS (please use block capitals)

Name: _____ First name: _____

Company : _____

Address : _____

VAT No. : _____

Tel: _____ E-mail _____

ROOM RESERVATION

Single room at 120 EUR per night

Double room at 140 EUR per night

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

Supplement City Tax: 2,5€ pp/pd

Arrival date : ____/____/2010 Time of arrival : _____

Departure date : ____/____/2010 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 48 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 : _____