

European Alumnae Symposium 2015

Hotel Reservation Form

Please sent this form back to: ivi.klooster@martinshotels.com

To be reserved before 02/08/2015

02/10/2015 – 04/10/2015

Name:			
Last Name:			
Company address:			
Post Code:			
Telephone Number:		Fax:	
Email Address:			
Arrival Date:			
Departure Date:			
No of Nights Staying:			

Room Type	Rate inclusive breakfast	Number of rooms
Double room	€ 129	

Method of Payment to Guarantee Reservation

Visa MasterCard American Express Diners Club

Name of Card Holder:														
Card Number:														
Card Start Date (if shown)	M	M	Y	Y										
Card Expiry Date														
Issue Number (if shown)														
Security Code														

Cancellation Policy:

* A **guaranteed reservation** can be cancelled by the client until 2 PM on the day before arrival without incurring any cancellation fee. If the reservation is not cancelled before 2 PM or should the guest not arrive at the hotel, the first night will be invoiced.
 * A **non-guaranteed reservation** will automatically be cancelled at 4 PM on the day of arrival

Signature: _____ **Date:** _____

For hotel use:
Confirmation number:
Confirmed by: