



**Hotel Reservation Form – NH GENT BELFORT
 “APME SYMPOSIUM”
 21st till the 25th of May 2017**

**Please send your Hotel Registration Form before the 21st of April 2017 to
 the direct fax number of the Reservations Department +32 9 223 78 21.
 Or direct mail: c.meulemeester@nh-hotels.com
 Reservations received after 21st of April 2017 are subject to availability.**

➤ PERSONAL DETAILS (please use block capitals):

Title : Miss. / Mrs. / Mr. _____
 Company Name : _____
 Name : _____
 Address : _____
 Postal Code : _____ City: _____
 Country : _____
 Tel : _____
 Fax : _____
 Email : _____

➤ ACCOMMODATION DETAILS:

Arrival Date : _____ Arrival time : _____
 Departure Date : _____ Departure Time : _____

Occupancy:

Standard Room: € 137 per single room per night, breakfast buffet included

City tax supplement: € 3.00 per person per night.

Supplement for a double room: € 15.00 per night

➤ GUARANTEE

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 Type : _____
 Credit Card Number : _____
 Expiration Date : _____
 Signature Card Holder : _____

➤ CANCELLATION POLICY

Cancellation should take place in writing. Verbal cancellations are not legally binding.

Cancellations can be done free of charge till 120 hours (5 days) prior to arrival.

In the event of a no-show or late cancellation, the costs will be charged to the credit card of the guest.

DATE: _____

SIGNATURE: _____