

Hotel Reservation Form Martin's Klooster – KU Leuven – Congress Gait Course 2013 From the 26th until the 30th of June 2013

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

Room Type	B&B Rate	Number of rooms
Single Room	€ 140	

Method of Payment to Guarantee Reservation											
🗆 Visa 🗅 MasterCard 🗅 American Express 🗅 Diners Club											
Name of Card Holder:											
Card Number:											
Card Start Date (if shown)	Μ	Μ	Υ	Υ							
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				
cancenation i oney.	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: