

INDIVIDUAL RESERVATION FORM

IMOB - EUSPN – ID 819488

Contact Details

Company: _____
Name + First name: _____
Address: _____
Zip/City: _____
Country: _____
Tel: _____
E-mail: _____

Arrival Date:

Departure Date:

Room rate (per room, per night) from November 5th until November 8th 2018

129.00 EUR single

Including breakfast buffet and wireless internet

- Accommodation charge of 1.06 EUR per person per night is excluded
- Supplement of EUR 10.00 per night for a double room

Credit card details (Please note that this form is not accepted without a valid Credit Card)

Card Number: _____
Card Type: _____
Expiry Date: _____
Card Holder: _____



Please note that cancellations are accepted for the room up to **3 days** before the arrival date.
After this date all cancellations will be charged.

Please return by **20/10/18** the latest by Fax: +32 16 61 67 00 or Email: info.leuven@parkinn.com.

Please kindly note that after the above date the availability cannot be guaranteed anymore.

If you have any questions, please do not hesitate to contact us at +32 16 61 66 00

Date: _____

Signature: _____

Park Inn by Radisson Leuven

Martelarenlaan 36

3010 Leuven

T: +32 (0)16 61 66 00 F: +32 (0)16 61 67 00

www.parkinn.com/hotel-leuven