

INDIVIDUAL RESERVATION FORM

TOXIKON EVENT 29.06.2017 – ID 756228

Contact Details

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

Arrival Date: **28.06.2017**

Departure Date: **29.06.2017**

Room rate (per room, per night)

- Standard room single: **132.00 EUR** including breakfast buffet and wireless internet
 Standard room double: **142.00 EUR** including breakfast buffet and wireless internet
• Accommodation charge of 1.06 EUR per person per night is excluded

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 **29/05/17** 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: _____