



**Hotel Reservation Form:
THE 8th EUROPEAN CONGRESS ON VIOLENCE IN CLINICAL PSYCHIATRY
(22nd – 27th of October 2013)**

Please send your Hotel Registration Form by 6th of September 2013 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 the 6th of September 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: 129.00 € per single room per night, breakfast buffet included
 139.00 € per double room per night, breakfast buffet included
 Superior Room: 144.00 € per single room per night, breakfast buffet included
 154.00 € per double room per night, breakfast buffet included

City tax supplement: € 2.50 per person, per day

➤ **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**

The amount of compensation owed by the customer to the hotel as the result of cancellation is a percentage of the total amount of the cancelled service as specified in the pro forma invoice and is applied as follows:

- Cancellation not later than the 30th day before arrival of the group: 0%
- Cancellation from the 29th to the 15th day before arrival of the group: 50%
- Cancellation from the 14th to the 8th day before arrival of the group: 75%
- Cancellation less than 8 days before arrival of the group: 100%

In the event of a no-show, the customer is liable to pay 100% of the total amount of the pro forma invoice.

DATE: _____

SIGNATURE: _____