



HISTORIC HOTELS GHENT

HOTEL BOOKING FORM **Date: 02-06-2019 till 05-06-2019**

Code: ECMIS 2019

Please use one booking form per room. Please note that bookings received after 02-04-2019 are subject to availability.

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Fax: +32 (0)9 234 38 52
Contact person: Ms. Hermelijn Daem
E-mail: reservations@historic-hotels-ghent.com

GUEST DETAILS (please use block capitals)

Sir / Madam / Miss

First name: _____

Name: _____

Address : _____

Country: _____

Tel: _____

E-mail : _____

Hotel Gravensteen***
Jan Breydelstraat 35 – 9000 Gent

- Standard single (1 person) at **99 EUR** per night
- Executive single (1 person) at **114 EUR** per night
- Standard double (2 persons) at **107 EUR** per night
- Executive double (2 persons) at **122EUR** per night

Please mark the exact amount of guests in the room, all our rooms have either a twin or a double bed. The above rates include VAT and services and breakfast + the use of internet. All rooms are non-smoking rooms.

Supplement City Tax: 3€ pp/pd

Arrival date : ____/____/2018

Time of arrival : _____

Departure date : ____/____/2018

Number of nights : _____

Special requirements : _____

Hotel de Flandre****
Poel 1 – 9000 Gent

- Standard single (1 person) at **114 EUR** per night
- Executive single (1 person) at **129 EUR** per night
- Standard double (2 persons) at **124 EUR** per night
- Executive double (2 persons) at **139 EUR** per night

Please mark the exact amount of guests in the room, all our rooms have either a twin or a double bed. The above rates include VAT and services and breakfast + the use of internet. All rooms are non-smoking rooms.

Supplement City Tax: 3€ pp/pd

Arrival date : ____/____/2018

Time of arrival : _____

Departure date : ____/____/2018

Number of nights : _____

Special requirements : _____



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GUARANTEE / PAYMENT

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 holder : _____

Credit card number : _____

Expiry date : _____

CVC code : _____

Signature card holder: _____

*Following credit cards are accepted : American Express / Eurocard-Mastercard / Visa
Bills must be settled before departure.*

CANCELLATION POLICY

Reservations can be cancelled free of charge until 2 weeks before the day of arrival. In case of cancellation after this date or in case of a no-show, the first night will be charged to the provided credit card. Cancellations are only accepted in writing (fax or email).

Date : _____

Signature : _____