

**Hotel Reservation Form**

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| Event Name: | **IWWF Seminar for the 12th till the 15th of April 2018** | |
| Reference Number: | **IWWF120418** | |
| Guest Information | | | |
|  | |  | |
| **Name:** | | Click or tap here to enter text. | |
|  | |  | |
| **Email:** | | Click or tap here to enter text. | |
|  | |  | |
| **Phone:** | | Click or tap here to enter text. | |
|  | |  | |
| Reservation Details | | | |
|  | | | |
| **Arrival Date:** | | Choose an item. | |
|  | |  | |
| **Departure Date:** | | Choose an item. | |
|  | |  | |
| **Room Type:** | | Choose an item. | |
|  | |  | |
| **Number of persons:** | | Choose an item. | |
| * Rates are only valid for the mentioned dates * All rates include VAT and breakfast * City tax of € 4,24 per room per night is not included in the rate | | | |
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| Reservation Policy | | | |
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| **Reservation deadline:** | | 15th of March 2018 | |
|  | | *After this date all reservations are upon availability* | |
| **Cancellation deadline:** | | 10th of April 2018 | |
|  | | *Please send your cancellation request by email before the deadline* | |
| Reservation Guarantee | | | |
|  | |  | |
| **Type of card:** | | Choose an item. | |
|  | |  | |
| **Card number:** | | Click or tap here to enter text. | |
|  | |  | |
| **Expiry date:** | | Click or tap here to enter text. | |
| * In the event of a no-show, the first night will be charged, as cancellation fee * Reservations without guarantee can’t be confirmed and will be cancelled 24hrs prior to arrival  |  |  |  |  | | --- | --- | --- | --- | | Signature: | Click or tap here to enter text. | Date: | 08/02/2018 | | | | |

Kindly return this form by email to: [**sales@gresham-belsonhotel.com**](mailto:sales@gresham-belsonhotel.com).

**WE THANK YOU FOR YOUR RESERVATION!**

Gresham Belson Hotel Brussels

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