

INDIVIDUAL RESERVATION FORM

PLAY THE GAME – ID 885729

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 12th until November 14th 2017

134.00 EUR single week rate

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 **12/10/2018** 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: _____