

AMSTERDAM AIRPORT
SCHIPHOL

Group name "INMA"
Date 27-03-2014 – 1 overnight stay
Room rate € 125 per room per night, single occupancy
Rates including Buffet breakfast and 6% City tax

Contact Details (please fill out completely)

Name: _____
Address: _____
Zip/City: _____
Country: _____
Tel: _____
E-mail: _____

Arrival 27-03-2014 Time: _____
Departure 28-03-2014 Time: _____

We request credit card details to guarantee the booking.
Please send a copy of the ID or Passport of the credit card holder (signature has to match).

Your dedicated Reservation Agent will contact you by telephone within the next 24 hours to collect your Credit Card details and enter them into our encrypted system.

Cardholder Information – Required

Name as it appears on the credit/debit card: _____

Card type: Visa Master Card Amex Diners/CB Discover JCB
Account type: Personal Corporate | Company Name: _____

Address: _____

City and Postcode: _____

Phone number: _____ Fax or alternate telephone number: _____

I certify that all information is complete and accurate. I hereby authorize the above named Hotel to guarantee payment for all charges associated with this event/group by authorizing a charge to the credit/debit card listed above. I certify that I am the authorized signatory for the credit/debit card listed above.

Cardholder name: _____

(Printed)

Cardholder signature: _____

Date: _____

Please note that the participants have a free cancellation until 72 hours prior arrival date.
Please kindly note that after the closing date, rooms and rates are subject to availability.

Please return this form before 21.02.2014 to kim.bakker@rezidorparkinn.com