

Biest Poort

HOTEL INSCRIPTION FORM

Ref: EDUSERV 8

Reservation for **MR / MRS** (block capitals)

Name : First Name :.....

Company :

Address :.....

.....

Tel : Fax :.....

Email :

Date and place of Birth:

Number of Passport:

Please book :

..... room (s) at 85,-00 euro per night + 2,- euro city tax /p/n

Number of persons

Breakfast price is included

The above rates include all taxes and services

Arrival date :

Time of arrival :

Departure date :

N° of nights :

We accept following credit cards : *American Express* / Eurocard-Mastercard / Visa

To guarantee your booking, please indicate :

Credit Card Number :

Expiry Date :

Issued for :

Bills must be settled before departure.

Please return this document to:

info@hotelbiestpoort.be

www.hotelbiestpoort.be

Tel. +32 16 20 24 92

Fax +32 16 23 13 29

*** PLEASE NOTE YOUR BOOKING IS ONLY FINAL IF THE ***
*** HOTEL CONFIRMS YOUR RESERVATION! ***