

To be filled out by NH Groningen:

Reservation number:.....

Date:.....

Name:.....

Reservation form
international congress
'Arrhythmias, from Neonate to Adult'
Part II

Name : _____

Address : _____

Postal code : _____ City : _____

Telephone : _____

Fax : _____

E-m@il : _____

Arrival : _____ Departure : _____

Nights : _____ Persons : _____

Preference : smoking / non smoking

Bath : yes / no extra charge for room with bath is € 15 per room per night, based on availability

Room rate : € 85,00 per room per night

Breakfast : € 13,50 per person per day yes/ no

City tax : € 2,00 per person per night

In order to guarantee your reservation, we require your credit card details:

Card : AMEX / DINERS / EC-MC / VISA

Number of the card : Exp. /

Name of cardholder :

- Reservations are only accepted when using this form. Only completed forms will be accepted.
- Amendments and/or cancellations will be accepted till 2 days prior to arrival. We need these amendments/cancellations in writing.
- NH Groningen has the right to charge amendments and cancellation which we receive too late. We will charge the credit card mentioned above for these costs.
- Guests will settle the bill upon arrival.
- We booked a limited number of rooms for this meeting. All extra rooms are upon availability and other room rates may apply.

Please sign this reservation form and fax it to NH Groningen Hotel, +31 – 50 584 81 80:

Name : _____ Signature: _____

d.d. / /