



Novotel Leuven Centrum
Vuurkruisenlaan 4
3000 Leuven

Tel. : + 32.16.21.32.00
Fax : + 32.16.21.32.01

HOTEL INSCRIPTION FORM

UZ Gasthuisberg - Dep. Gynaecologie REF: 011 595

Reservation for MR / MRS (block capitals)

Name : First Name :

Company :

Address :
.....

Tel : Fax :

Please book :

- μ Single room at the special rate of 116,00 EURO per night
- μ Double room at the special rate of 130,00 EURO per night

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 / Diners Club / Visa

To guarantee your booking, please indicate :

Credit Card Number :
Expiry Date : **Issued for :**

Bills must be settled before departure.

Cancellation policy : until 6pm on the day of arrival. In case of cancellation later than 6pm and in case of a no-show, the first night will be charged to your Credit Card Account.

Date :

Please return this document **before 20/09/2006** to:

Jurgen Goethuys
Novotel Leuven Centrum
E-mail : H3153-FO@accor.com
Fax : + 32 16 21 32 01
(Tel : + 32 16 21 32 03)