

# Hotel Reservation Form: EBSA

Block ID: 148950

To: Hotel Hellsten  
Attn: Individual Reservation department  
Fax: +46 8 661 86 01  
E-mail: catrin@hellsten.se

**PLEASE COMPLETE AND FAX THIS FORM DIRECTLY TO THE HOTEL**

From: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_ Tel: \_\_\_\_\_  
Subject: ROOM RESERVATION

### Important:

✓ All reserved rooms must be guaranteed with a credit card number and expiry date.

Delegates are responsible for setting their own bills in full direction with the hotel prior to departure.

### ROOMTYPE :

Singleroom á 1690sek

Doubelroom single use á 1890sek

Doubleroom double use á 2090sek

Check-in time 15.00, check out 12.00

The cancellation policy is 1 weeks prior to planned arrival.

Name	Arrival Date	Departure Date	Requested Roomtype

Credit card Type \_\_\_\_\_ CC- Number \_\_\_\_\_

Cardholder \_\_\_\_\_ Expiredate \_\_\_\_\_

Address \_\_\_\_\_

Postal code/ City \_\_\_\_\_

Country \_\_\_\_\_ Signature \_\_\_\_\_

### To be completed By The Hotel

Confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_