

Hotel Reservation Form: EBSA

Block ID: 148951

To: Rex Hotel
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 1590sek

Doubelroom single use á 1790sek

Doubleroom double use á 1990sek

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: _____