



GRAND, KRISTIANSTAD
BY CHOICE HOTELS

hotel booking form

METALS AND RELATED SUBSTANCES IN DRINKING WATER

meteau

Name: _____

Address: _____

Town: _____ Country _____

Telephone: _____

E-mail: _____

Arrival Date: ___ / ___ / _____ Departure Date: ___ / ___ / _____

Type of room

* Single: € 68,00 (includes breakfast, taxes and service)

* Double: €88,00 (includes breakfast, taxes and service)

◇ 1 night deposit is required 1 week prior to arrival and will be charge on the credit card.

◇ The reservation must be received before August 15th, 2008, after this date the confirmation will be subject to availability of room and rate.

In order to guarantee this booking please provide us:

Credit Card N°: _____ Expire date: _____

C.V.V. (In case of Visa Card): _____

I hereby authorize Grand Kristianstad, Choice Hotels, to charge the above mentioned credit card with the amount of ___ Euros .

Authorized signature: _____

Cancellations:

◇ Any cancellation must be received in writing to the Grand Kristianstad, Choice Hotels.

◇ Cancellations received until September 20 _____ 2010, no cancellations fee will be applied.

◇ Cancellations received between September 20 _____ and October 10 _____, will be charged one night stay in your credit card.

◇ Cancellations received after September 16th will be charged to your credit card for all nights booked.

All No-Shows will be charged to your credit card for all nights booked.

Please fax this form back to

FAX: 004644284810

or email: annika.branting@choice.se
www.choice.se