

# HOTEL RESERVATION FORM

Name Hotel: NH Barbizon Palace

E-mail: book.amsterdam@nh-hotels.com

Fax: + 31 20 5544400

Tel: + 31 20 5544000

59355732

Last name:

Mr / Mrs/

First name:

Company name:

Country:

Telephone:

Fax:

Date of arrival:

Number of nights:

Date of departure:

## Type of room

- Standard Single, one person € 209
- Double, two persons € 209
- Superior room € 264

Credit Card number:

Expiry date: (month/year):

/

Name of cardholder

Signature:

## To be completed by the hotel

Confirmed by:

Date:

Booking Number :

## Before completing this form, please read the following important information:

- The hotel only accepts reservations guaranteed with a credit card number and expiry date. A deposit of 1 night's room and tax will be required at the time of making the reservation. Deposit is fully refundable if cancelled by 1 September 2008. No refund of deposit will be given if reservations are made or cancelled after 1 September 2008.
- Check-in time is from 3 pm. Check-out time is 12 noon.
- Room rates are per room per night inclusive of 6% VAT and service. The breakfast buffet is excluded. 5% city tax is excluded.
- Offered prices are valid from 26 - 30 September 2008

**Please send this form directly to the hotel**

**Fax + 31 20 554 44 00**