

RESERVATION FORM – ESPES



Name: _____

First Name: _____

Arrival Date: _____

Departure Date: _____

Tel. (+country code): _____

Fax (+ country code): _____

E-mail: _____

CLASSICAL ROOM on the 25th September 2018.

- Single Occupancy € 170,00 instead of € 495,00 - including American Buffet Breakfast
 Double Occupancy € 199,00 instead of € 495,00 - including American Buffet Breakfast

CLASSICAL ROOM on the 26th September 2018.

- Single Occupancy € 170,00 instead of € 495,00 - including American Buffet Breakfast
 Double Occupancy € 199,00 instead of € 495,00 - including American Buffet Breakfast

CLASSICAL ROOM on the 27th September 2018.

- Single Occupancy € 170,00 instead of € 495,00 - including American Buffet Breakfast
 Double Occupancy € 199,00 instead of € 495,00 - including American Buffet Breakfast

CLASSICAL ROOM on the 28th September 2018.

- Single Occupancy € 120,00 instead of € 495,00 - including American Buffet Breakfast
 Double Occupancy € 149,00 instead of € 495,00 - including American Buffet Breakfast

- Supplement of € 30,00 for a Deluxe Room per night

The above mentioned rates are per room, per night and include VAT, breakfast and service charge.
Local taxes are excluded (€ 4.24 per room, per night.)

RESERVATION DEADLINE: 15/08/2018

After this date all reservations are upon request and upon availability (unless the number of rooms pre-reserved by the organiser of the event are all reserved prior the reservation deadline)

I wish to guarantee my room reservation with the following credit card (*the rooms non-guaranteed with a credit card will be held until 24h00 prior the arrival date. After this time your reservation may be cancelled by the hotel without notice*)

Type of card: _____

Card Number: _____ Expiry Date: ____/____/____

After receiving your credit card details, your reservation is guaranteed and may be cancelled without charges until 24h00 prior the arrival date. In the event of a no-show or late cancellation, the first night will be charged at the confirmed rate as cancellation fee. In case of shortened stay, one extra night will be charged.

Signature: _____

Date: ____/____/____

Kindly return this form to the following fax number:

+ 32 2 278 06 72 or reservations@leplaza.be

1 Form per room reservation