

PENTAHOTEL

LIÈGE

Boulevard de la Sauvenière, 100
4000 LIEGE

TEL.: 0032/4 221 77 28 - FAX: 0032/4 221 77 01

Reservations.liege@pentahotels.com

ROOM RESERVATION FORM

(On request and upon availability, reservation upon availability)

International Workshop on Psychometric Computing 18-19/02/2016

Your preferred rates

96.00 € single room instead of 206.00 €

112.00 € double room instead of 222.00 €

Supplement Privilege room: **30,00 €** per room, per night

American Buffet breakfast included

Net rates, VTA and services included

City tax : 4.20€/ room/ night

Check-in : as from 15:00

Check-out : until 12 :00

Please send your request to the above fax number or by email. The hotel will confirm your reservation after checking the availability.

NAME

COMPANY

ADDRESS

.....

PHONE NUMBER

FAX NUMBER

EMAIL

Reservation information :

Reservation and cancellation conditions :

2 weeks before arrival: free cancellation

Between 2 weeks and 1 week before arrival: 50 % of the total amount will be charged.

Less than 1 week before arrival: 100% of the total amount will be charged.

Without credit card, your reservation will not be guaranteed.

In case of no-show or late cancellation your whole booking will be charge.

Please make sure that all requested information is clear and accurate to enable us to process your application promptly.

As we are protecting your credit card details please consider that we only require the last 4 digits of your credit card number at this point and will call you to enquire about the entire number.

Cardholder Information

Name as it appears on credit card

Card type Visa MC Amex

Diners/CB Discover JCB

Account type Individual (personal credit card)

Corporate/Company Name

Last four digits of your credit card number _____

Exp. date _____ / _____

I certify that all information is complete and accurate. I hereby authorize the pentahotel Liège to collect payment for all charges as indicated in the rate information and approved charges section of this form by processing a charge to the credit card listed under.

Cardholder name: _____

Cardholder signature: _____

Date: _____

GUEST NAME Maximum 1 per reservation	NUMBER OF PERSONS	ARRIVAL DATE	DEPARTURE DATE	SINGLE/DOUBLE If double 1 or 2 beds	ARRIVAL TIME