

Bedford Hotel & Congress Centre
Rue du midi 135-137
B-1000 BRUXELLES
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WWW.HOTELBEDFORD.BE

PARTICIPANT DETAILS

Organisation: _____ First Name: _____
Last Name: _____ Email: _____

HOTEL

ARRIVAL date: ____/09/2021 DEPARTURE date: ____/09/2021

ROOM TYPE

All hotel rates are quoted in Euros, per night, per room, including American buffet breakfast.

SINGLE (05.09.2021)			DOUBLE/TWIN (05.09.2021)		
o	60,00 €	STANDARD	o	67,00 €	STANDARD
SINGLE (06.09.2021)			DOUBLE/TWIN (06.09.2021)		
o	100,00€	STANDARD	o	107,00 €	STANDARD
SINGLE (07.09.2021)			DOUBLE/TWIN (07.09.2021)		
o	110,00 €	STANDARD	o	117,00 €	STANDARD
SINGLE (08.09.2021)			DOUBLE/TWIN (08.09.2021)		
o	110,00 €	STANDARD	o	117,00 €	STANDARD
SINGLE (09.09.2021)			DOUBLE/TWIN (09.09.2021)		
o	110,00 €	STANDARD	o	117,00 €	STANDARD

City Tax supplement, 4.25 € per room, per night

CREDIT CARD (acts as a guarantee of your reservation and also constitutes acceptance of the terms and conditions)

Card number: _____
Expiry date: _____
Owner's Name: _____

TERMS AND CONDITIONS

LIMIT DATE FOR REGISTRATION 05.08.2021

- * To ensure that a room has been reserved, all information in the booking form must be complete and the form must be duly signed and returned to the hotel.
- * Kindly note that the check-in time is at 14h00 and the check-out time is at 12h00. For arrival in the early morning, you are advised to book an extra room night.
- * Within five working days from the receipt of the signed hotel booking form, an acknowledgement note will be issued to you via e-mail or fax.
- * Cancellations and changes of the hotel reservations have to be made in writing. The reservation can be cancelled free of charge up to 72 hours prior the arrival date.
- * Please note that the hotel is entitled to charge 100% of the total amount of the hotel reservation in case of late cancellation and in case of no-show.
- * Should a guest depart before the final date of his/her reservation, the hotel is entitled to charge the guest for the whole period of the initial reservation.

SIGNATURE: _____

DATE: . . / . . / . .