

HOTEL ACCOMMODATION REGISTRATION FORM
Reference: FEFPEB 10th of October – 14th of October

- ***** Crowne Plaza Hotel Maastricht (conference location)
 Phone number: 31 43 3509191 Single Room: € 139,00 p.n. incl breakfast
Fax number: 31 43 3509194 Double Room: € 159,00 p.n. incl breakfast
Email : reservation@cpmaastricht.nl

Mr. / Mrs. / Miss
 Family name _____ Initials _____
 Address _____
 Postal code/city _____
 Country _____
 Phone _____
 Fax _____
 E-mail _____

I would like to make the following definite reservation: (max. 1 room per form)

Arrival date _____ Departure date _____
 Single room Double room

GUARANTEE:

Please fill in your credit card as a guarantee:
 card type Amex / Mastercard / Visa / Diners / JCB
 card number _____
 card expiry date ____ / ____

Name credit card holder _____
 Signature credit card holder _____
 Date _____ Signature _____

After receipt of this form the hotel will return this form with a reservation number by fax.
 All changes and cancellations must be made in writing.

Cancellation terms based on the Standard terms and conditions for the Hotel and Catering Industry:

-31-14 days before arrival	15% of the reservation value is charged
-14-7 days before arrival	35% of the reservation value is charged
-7-3 days before arrival	60% of the reservation value is charged
-3-1 day before arrival	85% of the reservation value is charged
-Within 24 hours	100% is charged

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TO BE FILLED IN BY HOTEL:

Reservation number _____
 Room rate € _____
 Residence tax is € 5,25 per person per night
 Parking fee € 18,50 per car per night
 Breakfast Inclusive