

HOTEL RESERVATION FORM



Holiday Inn Leiden
Haagse Schouwweg 10
2332 KG Leiden
fax +31 71 53 55 553/ telephone +31 71 5355 300
e-mail hotel@holiday-inn-leiden.com

Arrival Date: _____

Departure Date: _____

Number of guests: _____

Number of rooms: 0 ____ Single Superior room at EUR 135,00
0 ____ Twin (dbl/dbl) room at EUR 160,00
0 ____ Triple (dbl/dbl) room at EUR 185,00
0 ____ Quad (dbl/dbl) room at EUR 210,00

Name guest(s): _____

Tel. number: _____

Fax number: _____

Email: _____

In order to guarantee your reservation you will need to provide us with a credit card number + expiry date. Reservations without these details can not be confirmed. Cancellation or changes are free of charge until 23 June 2009. After this date, cancellations, changes to the reservations, or No Show may result in a (full reservation) charge. In case of cancellation, please ask for your cancellation number.

The EUSUHM rate is available until 23 June 2009 and as long as rooms are available for this congress. After this date or when the congress rooms are fully booked, we accept reservations based on room and rate availability. In case the EUSUHM rate is not available anymore, we will offer you the best available rate. Reservations are confirmed after receiving a written confirmation from Holiday Inn Leiden.

By signing this registration form you agree to above conditions. The Standard Terms and Conditions for Hotel and Catering Industry apply to our reservations, agreements and services.

Type credit card: _____

Number: _____

Expiry date: _____

Signature: _____

Name: _____

Date: _____

Bank account RABO Leiden nr. 33.55.53.613 – K.v.K.nr. 28075086 Leiden
This hotel is operated by Key Hotelmaatschappij b.v. under license from
InterContinental Hotels Group
All agreements we enter into are subject to the UVH conditions (Uniform
Conditions for the Hotel and catering Industry), as deposited with the District
Court of The Hague and the Chamber of Commerce of The Hague.