

Booking Form

Ref: CRS Congress

Confirmation Number _____

To be filled out by hotel

Guest name _____

(Lastname, firstname)

Fax Number _____

Telephone Number _____

Email adress _____

Arrival date _____

Departure date _____

Room Type

Requested room type will be upon availability. If sold out, guest will be contacted by hotel.

Single

Single use DKK 990

Double

Single use DKK 1190 / Double use DKK 1390

Number of pax in room

1

2

Room requests _____

(Smoking/non-smoking)

To guarantee the reservation, please fill out the credit card details below

Credit card type _____

Card number _____

Expirydate _____

Cardholder's signature _____

Please note that 1 night's fee will be charged as a deposit. Any change or cancellation to this booking must be done at the latest 24 hours before arrival or the full stay will be charged.

Please fax this reservationsform to 0045 33311441 or email to webers@scandichotels.com