

*4th International Conference
COST Action 637
Kristianstad, Sweden
October 13-15, 2010*

Hotel booking form

Name: _____

Address: _____

Town: _____ Country _____

Telephone: _____ E-mail: _____

Arrival Date: ___ / ___ / _____ Departure Date: ___ / ___ / _____

Type of room

Single: € 68,00 (includes breakfast, taxes and service)

Double: € 88,00 (includes breakfast, taxes and service)

The reservation must be received before September 20th, 2010, after this date the confirmation will be subject to availability of room and rate.

In order to guarantee this booking please provide us:

Credit Card N°: _____ **Expire date:** _____

C.V.V. (In case of Visa Card): _____

I hereby authorize Grand Kristianstad, Choice Hotels, to charge the above mentioned credit card with the amount of ___ Euros.

Authorized signature:

Cancellations:

Any cancellation must be received in writing to the Grand Kristianstad, Choice Hotels.

Cancellations received until September 20, 2010, no cancellations fee will be applied.

Cancellations received between September 20 and October 10, will be charged one night stay in your credit card.

Cancellations received after October 10th will be charged to your credit card for all nights booked.

All No-Shows will be charged to your credit card for all nights booked.