			Date:
			Name:
	Reservation form N	//OROP (HGC 35040) Hamı	pshire Groningen Centre
Name	:		Gender: Male / Female
Address	:		
Postal code	:	City :	Country :
GSM	:		
E-mail	:		
Arrival	:	Departure	:
Nights	:	Persons	:
Room rate	: 0 € 76,00 per sta : 0 € 83,50 per cla : 0 € 91,00 per cor		
Breakfast	: € 15,00 per per		
City tax	: € 3,15 per per	_	
Credit card	details		
Credit card	:	AMEX / EC-MC / VISA	
Number	:		Exp : /
Name of car	dholder :		
Conditions • • •	amendments/cancellations Hampshire Hotel Groninge we receive too late. We wi Guests will settle the bill up	ellations will be accepted to s in writing; n Centre has the right to co Il charge the credit card m doon arrival; rooms for this event All res	ill 2 days prior to arrival. We need these harge amendments and cancellation which entioned above for these costs; servations are based on availability. Room e other rates may apply.
Please sign t	this reservation form and ma	ail it to <u>reservations@ham</u>	pshirehotels-groningen.nl.
Name :		Signature:	

To be filled out by Hampshire Hotel Groningen Centre:

Reservation number:....

Date :/....../