**Accommodation Reservation Form – Conference :**

**Invasive Lobular Breast Cancer-September 2024**

**Irish College Leuven**

 **To request a reservation send to** reception@irishcollegeleuven.eu

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| **Personal Information**  |

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| **First Name:** |  |
| **Last Name:** |  |
| **Address:** |  |
| **Post Code / COUNTRY:** |  |
| **Telephone Number:** |  | **Fax:** |  |
| **Email Address:** |  |
| **Conference Attending:** |  |
| **Profession** |  |
| **Arrival Date:** |  |
| **Arrival Time:** |  |
| **Departure Date:** |  |
| **No of Nights Staying:** |  |

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| **Accommodation Details** *Prices include continental breakfast and VAT ; city tax is not included and payable as follow : € 3.50 per person, per night (vat included).* |

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| **Room Type** | **B&B Rate per night** | **Number of rooms** |
| **Single / Twin room****Single Occupancy** | **€119 *(\*)******(\*) citytax € 3.50 per night is not included*** |  |
| **Twin Room (2 separate one person beds)****Double Occupancy (\*)** |  **€75 per person *(\*)*****(or €150 per Room)** ***(\*) city tax € 3.50 per person, per night is not included*** |  |
| **Duplex Room (2 single beds groundfloor + 1 or 2 single beds upperfloor)****Triple or Quadrupe occupancy (\*)** | **€ 60 per person (\*)*****(\*) city tax € 3.5 per person, per night is not included*** |  |

**(\*) Shared with:**

**(to add more names for a Twin Room or Duplex room, please copy the two rows and paste on Page 2):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Last Name:** |  |

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| **Dietary Requirements:** |  |
| **Car Parking Required (€ 15 per night per car)** |  |

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| **Card details are required in order to secure your booking. You can pay for your stay at our Reception on arrival, unless previously arranged .** |
|  Visa  MasterCard  Switch / Maestro  Delta  Solo |
| Name of Card Holder: |  |
| Card Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Card Start Date *(if shown)* | **M** | **M** | **Y** | **Y** |  |  |  |  |  |  |  |  |  |  |  |  |
| Card Expiry Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issue Number *(if shown)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Security Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Reservation Cut-off Date:**  | **10th June 2024 -** **Rooms have guaranteed availability until this date. You may book after this date but there may be no availability.** |

**Your Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form to:

reception@irishcollegeleuven.eu

**Check- In / Check -out Times :** Reception hours are between 07:00- 18:00 Monday – Friday.

Normal Check in time is after 14:00. Normal Check out time is 10:00 on the morning of your departure . If you are arriving outside of these hours, or require a late check in please include this information in your reservation.

**Cancelation Policy :**

Cancellations for a guest room reservation must be received at least 24 hours prior to 3:00 pm on the expected day of arrival. Policies may differ by arrival date and room type. If cancellation of a guaranteed reservation is not received by the required date, the Institute will charge for one night's accommodation.

**For Staff only:**

**Room Number allocated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_