**The Leuven Institute for Ireland in Europe**

**Reservation Form**

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| **Personal Information**  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Last Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone Number:** |  | **Fax:** |  |
| **Email Address:** |  |
| **Arrival Date:** |  |
| **Arrival Time:** |  |
| **Departure Date:** |  |
| **No of Nights Staying:** |  |

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| **Accommodation Details** *(Prices per VAT inclusive)* |

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| --- | --- | --- |
| **Room Type** | **B&B Rate** | **Number of rooms** |
| Single Room (Twin Beds) Single Occupancy | €105 |  |
|  Single Room (Twin Beds) Double Occupancy (\* )  | €65 per person(€130 Room) |  |

**\*Shared with:**

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

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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.** |
|  ❑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:**  |  |
| **Cancellation Policy:**  | **Please see attached**  |

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