SIPS conference	**Reference number GF-8856** **Room rates are valid till 06th of May 2019**

HOTEL BOOKING FORM

Please return this form to City Resort Leiden by e-mail salesleiden@cityresort.nl

Mr/Mrs: Last Name/First Name:	
POSITION:	
REGION/ORGANISATION:	
ADDRESS:	
TEL.:	
EMAIL:	

HOTEL *(VAT included)*

City Resort Leiden (Meeting venue)

Address: Bargelaan 180, 2333CW, Leiden, The Netherlands

Email: *salesleiden@cityresort.nl*

Tel: +31 (0)71 8700 260

Website: https://cityresorthotelleiden.nl/en/

☐ Deluxe Double room € 129,00

Rate based upon single occupancy, including breakfast, excluding city tax.

Extra charge for double use: € 10,00,- per night.

☐ Double use

City tax: € 2,50 per person per night.

Arrival date:_____

Number of nights:_____

Guarantee: Visa ☐ Mastercard ☐ American Express ☐

Card No.: _____ **Expiry Date:** _____

Card Holder: _____ **Signature:** _____

* **The hotel cannot guarantee the booking if the card number and expiry date are not provided.**