



Meeting; SLE 2015
Date, Leiden (Zuid-Holland, The Netherlands)

HOTEL BOOKING FORM

Please return this form to Hampshire Hotel Fitland Level Leiden by email.

DEADLINE: 22-08-2015

Mr/Mrs:	
LAST NAME/First Name:	
POSITION:	
REGION/ORGANISATION:	
ADDRESS:	
TEL.:	FAX:
EMAIL:	

HOTEL (VAT included)

Hampshire Hotel Fitland – Leiden (Meeting venue)

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

Email: lisa.schaddevandooren@fitland.nl

Tel: +31 71 8700 260

Website: <http://www.fitland.nl/index.php?page=1179&lang=en>

- Single room= € 99,00 incl breakfast
 Double room= € 109,00 incl breakfast

Checkin date: _____

Number of nights: _____

Cancellation deadlines: Cancellation made **directly to the hotel at the latest 24 hours before your arrival** will be without charge. After that time, the first night will be charged.

Payment: Visa Mastercard American Express

Card No.: _____ Expiry Date: _____

Card Holder: _____ Signature: _____

* **The hotel will not guarantee the booking if the card number and expiry date are not given.**