



RESERVATION FORM

Reservation Ref: 76416502 RSM CCC

Name Hotel NH Barbizon Palace
Address Prins Hendrikkade 59-72
E-Mail book.amsterdam@nh-hotels.com
Fax. +31 (0)20 554 4400
Tel. +31 (0)20 554 4000

Last Name:	First Name:
------------	-------------

Company Name:

Telephone:	E-mail:
------------	---------

Date of Arrival:	N° of nights:	Date of Departure:
------------------	---------------	--------------------

Type of Room:	Single, one person	€ 229,00	<input type="checkbox"/>
	Double, two persons	€ 229,00	<input type="checkbox"/>

Credit card number:	Expiry date:
---------------------	--------------

Name of Cardholder:	Signature:
---------------------	------------

To be completed by the hotel.

Confirmed by _____ Date _____
Booking Number _____

Before completing this form, please read the following important information:

- The hotel only accepts reservations guaranteed with a credit card number and expiry date.
- Cancellations must be made before 4 pm on the day before arrival in order to avoid charges.
- Check-in time is from 3 pm. Check-out time is 12 noon.
- You are advised to **reserve before 14-04-2009**. After this date rooms will be reserved on a rate and/or space availability basis only.
- Room rates are per room per night inclusive of 6% VAT and service. The breakfast buffet (€ 26.00 per person) and 5% city tax is excluded.
- No shows will be held until 12.00 am the next day. One night only will be charged.
- Extended stays, subject to availability, can be booked at the same special conference rate.
- All changes and cancellations must be made by the hotel directly with the hotel via telephone, fax or email.