

INDIVIDUAL RESERVATION FORM

Guest Name (s):				
Address:				
Company: ICST i.v.z.w.				
Tel. No.:		Email:		
Reason for Travel:				
Arrival Date:	ETA:	AM/PM	Car: Yes / No	
Departure Date:	ETD:	AM/PM		
Rooms:				
Special rate: £99.00 per room per occupancy (This rate is only valid for room booking rooms required outside these dates or best available rate) Billing: Please provide credit required upon check-in)	gs over the eve after 4th Nove	nt course date : mber 2014 are	2nd-5th December 2014. Any then subject to availability and	
Credit card type:				
Credit Card No:		Exp	Expiry Date:	
Name on Card:	Security Code:			
Special Requests:				
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