



## RESERVATION FORM

“UCL SYMPOSIUM “PAST CLIMATE” ”

### Guest details:

|  |
|--|
| Name: Mr./Mrs. _____                               |
| First name: _____ Nationality: _____               |
| Address: _____                                     |
| City: _____  |
| Tel.: ____ / ____ / _____ Fax: ____ / ____ / _____ |
| Passport number: _____                             |

### LEONARDO HOTEL WAVRE

Department  
RESERVATIONS

#### Address

Rue de le Wastinne 45  
1301 WAVRE - BELGIQUE  
Tel : 0032 10 43 50 85  
Fax : 0032 10 41 19 22

v.todesco@leonardo-  
hotels.com  
www.leonardo-hotels.com

I would like to make the following hotel reservation:

|   |
|---|
| <b>Arrival date:</b> ____ / ____ / 2008 - <b>Departure date:</b> ____ / ____ / 2008 |
| <u>Number of rooms:</u>   |
| <input type="checkbox"/> SINGLE room(s) 99,00 € per single room and per night       |
| <input type="checkbox"/> DOUBLE room(s) 99,00 € per double room and per night       |
| Hot breakfast buffet included   |

Deadline for bookings: “**12 May 2008**”

To guarantee your reservation a credit card number is **mandatory:**

|   |
|---|
| <u>Card type:</u> Visa – American Express – Eurocard/Mastercard – Diners Club |
| <u>Credit card number:</u> _____ <u>Expiry date:</u> ____ / ____              |

Date,

Signature,

To reserve this form has to be send to **GROUP RESERVATIONS** by fax:  
**+32 (0)10/41.19.22 or by e-mail: [v.todesco@leonardo-hotels.com](mailto:v.todesco@leonardo-hotels.com) .**

Every cancellation has to be done by fax till the day of arrival before 6pm;  
otherwise the first night will be charged on the credit card.