

# ARP-HANSEN HOTEL GROUP

## COPENHAGEN

Folketinget has a block reservation for your group at COPENHAGEN STRAND from 29. JANUARY 2012 to 30 JANUARY 2012.

The below mentioned offer can only be booked by using this form or contacting the hotel directly with reference to the group name and booking ID. This offer can not be combined with any other offers.

All reservations are subject to availability within this block reservation.

Please fill in the required information below, print, sign and return this form to the hotel by fax at (+45) 3348 9901 or email : [copenhagenstrand@arp-hansen.dk](mailto:copenhagenstrand@arp-hansen.dk) one reservation form per room please - thank you.

### RESERVATION FORM

When contacting the hotel regarding this booking please always refer to:

**GROUP NAME: FOLKETINGET**  
**GROUP BOOKING ID: 1331512**

Please indicate your preferred room type below.

PREFERRED ROOM TYPE		PRICE PER NIGHT	PREFERRED ROOM TYPE		PRICE PER NIGHT
<input type="checkbox"/>	Standard single	DKK 885,00	<input type="checkbox"/>	Superior single	*
<input type="checkbox"/>	Standard double	DKK 1035,00	<input type="checkbox"/>	Superior Double	*

\* No price agreement on this category. Please enquire for prices if desired.

All prices are in DKK per room per night including Breakfast, environmental fee (DKK 35,00) and all taxes.

#### STAY INFO & PREFERENCES

PLEASE FILL IN THE BELOW WITH CAPITAL LETTERS!

Arrival date: \_\_\_\_\_ Dep. date: \_\_\_\_\_

☐ Non-smoking ☐ Smoking ☐ Other: \_\_\_\_\_

#### GUEST INFORMATION

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail: \_\_\_\_\_ Use this email for confirmationletter ☐

Bookers E-mail: \_\_\_\_\_ Bookers name: \_\_\_\_\_ Use this email for confirmationletter ☐

#### GUARANTEE INFORMATION

Credit card type/name: _____	Signature of card holder: _____  By signing this I guarantee the above booking to this credit card and accept the terms of cancellation below.
Card number: _____	
Expiry date: _____	
Cardholder name: _____	

All bookings must be guaranteed to a credit card.

Cancellation deadline 27. January at 12.00 (noon)

In case of late cancellation or no-show a fee of 1 night will be charged.

**PLEASE NOTE A RESERVATION IS NOT CONFIRMED BEFORE A CONFIRMATION IS RECEIVED FROM THE RESERVATION DEPARTMENT. PLEASE CONTACT US IF YOU DO NOT RECEIVE THE CONFIRMATION.**