

This is a digital form!

ACCOMMODATION FORM FOR CLARION HOTEL ARLANDA AIRPORT

Ref / Booking number_____

| Please e-mail this form dire | ctly to: <u>anmalan.cl.arlanc</u> | da@choice.se or by fax to: 08-44 | 4 18 99 |
|---|-----------------------------------|--------------------------------------|--|
| Clarion Hotel Arlanda Airport | | Tel: +46 8 444 18 00 | |
| Tornvägen 2, Box 89 | | Fax: +46 8 444 18 99 | |
| SE-19045 Stockholm-Arlanda | | e-mail: anmalan.cl.arlanda@choice.se | |
| To ensure you receive the p After this date rooms are su | | se return this form by fax or e- | mail at the latest: |
| Please note that no reserva | tions will be made over th | he phone. | |
| Rates for accommodation an | e quoted in SEK and inc | ludes our breakfast buffet and | VAT. |
| PLEASE RESERVE | | | |
| | Single use | Double room | |
| | | | |
| | | | |
| Arrival: | Check-in time is: I | Departure: Check-ou | t time is: |
| N | | | |
| Number of room: | _ | | |
| Please write name and surr | name of the guest (Do you | a need more rooms, please state | e the name of the guests in an e-mail |
| | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| | | | |
| Tel: | Fax: | Email: | |
| To guarantee your reservat below. | ion at the Clarion Hotel A | Arlanda Airport, please fill out | the mandatory credit card section |
| I hereby authorise the Clar | ion Hotel Arlanda Airpor | rt to charge my credit card acco | ount for accommodation charges |
| upon check-out in accordan | ce with the Terms stated | below. | |
| Credit card Number: Expiration Date: | | | |
| Name as shown on card: | | | |
| | | | |
| A confirmation will be sent | | | |
| The booked room can be car | icelled without charge bef | fore Please note that t | the full stay will be charged in case of |
| cancellation after: | his also applies for no sho | OW | |