**ACCOMMODATION FORM FOR CLARION HOTEL STOCKHOLM**

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| **Svenska Fäktförbundet** | | | | | |
| 12-14th of January 2018 | | | | | |
| Please send this accommodation form directly by e-mail to: **registration.stockholm@choice.se**   within **15th of December 2017** to ensure you will receive the preferred group rate below: | | | | | |
| **Clarion Hotel Stockholm** Tel: +46 8 462 10 20  Ringvägen 98 SE-104 60 Stockholm | | | | | |
| Booking number: | | **2059GR006873** | | | |
|  | |  | | | |
| Arrival date: | Click here to enter text. | | January 2018 | (Check-in: 15:00) | |
| Departure date: | Click here to enter text. | | January 2018 | (Check-out: 12:00 noon) | |
|  | | | | | |
| Room type: | Single room: | | Click here to enter text. | SEK 980 | |
| Room type: | Duoble room: | | Click here to enter text. | SEK 1060 | |
|  | | | | | |
| All prices incl. breakfast and VAT | | |
|  | | | | | |
| Surname: | Click here to enter text. | | | | |
| First name: | Click here to enter text. | | | | |
| Email: | Click here to enter text. | | | | |
| Tel: | Click here to enter text. | | | | |
| To **guarantee** your **reservation, please fill in credit card details below** and return the signed form by e-mail to **registration.stockholm@choice.se**. | | | | | |
| You will receive a confirmation of your reservation by return. | | | | | |
| Credit card number: | Click here to enter text. | | | | |
| Exp date: | Click here to enter a date. | | | | |
| Name on card: | Click here to enter text. | | | | |
| The booked room can be cancelled without charge at latest 14 days before arrival.  Please note: Full stay will be charged in case of cancellation after the mentioned deadline, as well as in case of any no-show.  Accommodation will be charged on arrival. | | | | | |
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**Welcome to Clarion Hotel Stockholm!**