

**Registration form 5\_A** (All fee’s in NOK)

## Hotel booking – Clarion Collection Hotel Atlantic

**Contact information**

|  |  |
| --- | --- |
| Country |  |
| Contact person |  |
| E-mail |  |
| Telephone |  |

## Rooms

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Fee p.p. | Number | Arrival (date) | Departure (date) |
| Single room - one bed | 1.490 |  |  |  |
| Single room – double bed | 1.590 |  |  |  |
| Double room – double bed | 1.790 |  |  |  |
| Double room – twin beds | 1.790 |  |  |  |

## Paying information

*Mark alternative with X*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Send me an invoice |  | Common bill |  | All rooms will be paid separately |
| Comments and/or invoice address: |

## Other remarks

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Et bilde som inneholder tekst  Automatisk generert beskrivelse | Et bilde som inneholder tekst, skilt  Automatisk generert beskrivelse | Et bilde som inneholder tekst, himmel, utendørs, bilvei  Automatisk generert beskrivelse |

**Please email this form to**  cc.atlantic@choice.no **before March 18.**