

Brainstorming Critical Care Meeting

“Big Questions for the Experts”

Alcala de Henares, Spain, May 03-06, 2015

Official Organizer : TRAVEX

Parvis de la Trinité, 8 - 1050 Brussels – Belgium

Tel 00 32 2 533 20 44 – Fax 00 32 2 537 75 88 - @ : d.cochez@travex-travel.be

Hotel booking form

Last Name (Dr/Mr/Mrs/Miss)..... First Name.....

Billing address

Institution/Company.....

Department V.A.T# (if applicable)

Address.....

City..... Country..... Zip Code.....

Phone..... Fax.....

E-mail.....

Meeting venue :
PARADOR ALCALA DE HENARES

Arrival date:..... May 2015

Departure date:..... May 2015

Number of nights:

Room type (breakfast included)

- ☐ Standard Room, **single use**, 135 € /night
- ☐ Standard Room, **double use**, 155 €/night

Pricing (EUR)

Night rate x nights =.....€

3% Handling fee =.....€

Total to be paid =.....€

Conditions : Free cancellation up to 01 March 2015 – 1 night cancellation fee between 01 March and 20 April
100% cancellation fee as from 21 April 2015

To be prepaid (please indicate payment method)

- ☐ **By bank transfer** after receipt of the invoice with communication “Brainstorming Critical Care Meeting + **invoice number**”, Travex account # 068-2341578-25 at the Belfius Bank, agency “Châtelain”, rue de l’Amazone 1 at 1050 Brussels – Belgium (no later than 01 March)
IBAN : BE70-0682-3415-7825 - BIC : GKCCBEBB

- ☐ **Please charge my credit card** and email me the confirmation/invoice or email me the secured web link (applicable for Visa/Master) and send me the hotel voucher :

☐ AMEX ☐ VISA ☐ EURO-MASTERCARD

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Expiry date : _____ (MM/YY) CVC : _____

Name of the cardholder:

Signature: Date.....