

Update on Intravenous Fluids

Roma, Italy, December 13-16, 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.....

Congress Hotel : AMBASCIATORI PALACE

Arrival date:..... Dec, 2015

Departure date:.....Dec, 2015

Pricing** (EUR)

Room type (buffet breakfast included) Room rate..... x nights: =.....€

☐ Double room for single use, 190 € /night

3% Handling fee =.....€

☐ Double room for DBL use., 210 €/night

Number of nights:

Total to be paid =.....€

** Free cancellation up to 10/11/15 – 1 night cancellation fee between 30 and 16 days prior to arrival – 100% fee as from 15 days prior to arrival

** Excludes the new local municipality tax of 7,00 EUR per person per night to be paid directly at the hotel

To be prepaid (please indicate payment method)

☐ **By bank transfer** to Travex Congress with communication “Update on Intravenous Fluids + **your surname**”, account # 068-2341578-25 at the Belfius Bank, agency “Châtelain”, rue de l’Amazone 1 at 1050 Brussels – Belgium (no later than 10 November)
IBAN : BE 70-0682-3415-7825 - BIC : GKCCBEBB

☐ Please charge the following credit card and all costs related to my hotel booking or send me the secured web link (applicable for Visa/Master) and email me the confirmation / invoice and hotel voucher

☐ AMEX ☐ VISA ☐ EURO-MASTERCARD

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

Name of the cardholder:

Signature:Date.....