

Brainstorming Critical Care Meeting

Nice, France, May 1-4, 2016

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 :

BOSCOLO EXEDRA NICE*****

Arrival date:..... May, 2016

Pricing** (EUR)

Departure date:..... May, 2016

Room rate..... x nights: =.....€

Room type (buffet breakfast included)

☐ Double room for single use 225 € /night

☐ Double room for DBL use 245 € /night

3% Handling fee =.....€

Total to be paid =.....€

Number of nights:

** Free cancellation up to 30/03/16

** Free access to the SPA including swimming pool, fitness, sauna and hammam

** Excludes the city tax of 3,00 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 “Brainstorming Critical Care Meeting + 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.....