

HOTEL RESERVATION FORM

TRAVEX CONGRES

This form must be completed in BLOCK CAPITALS
and ideally returned by fax or email at your earliest convenience
ideally before **15 December 2015** to

Parvis de la Trinité, 8
B-1050 Brussels

Fax
00 32 2 537 75 88

Telephones:
00 32 2 533 20 44

Emails:
d.cochez@travex-travel.be

Dr / Mr / Mrs / Ms Family name

First name

INVOICING DETAILS

Hospital / Company (if applicable)

Department (if applicable) V.A.T. # (if applicable).....

Address

Postal code City Country

Phone Fax

Email@.....

HOTEL BOOKING

All the listed rates are in € and *include* breakfast, hotel taxes and service

1st hotel choice : 2nd choice 3rd choice

☐ Single ☐ Double / Twin Number of room nights:

ARRIVAL DATE March 2016 ☐ Late arrival (after 18.00)

DEPARTURE DATE March 2016 ☐ Non-smoking room

Payment calculation:

1st choice hotel rate : € + 3% (handling fee) € x nights = Total to be paid €

PAYMENT

Please indicate your payment method

☐ The amount will be paid by bank transfer to Travex Congres, Account # 068-2341578-25 at the Belfius Bank,
Rue de l'Amazone 1 at 1050 Brussels – Belgium (max. 30 days after issue of invoice).
SWIFT: GKCCBEBB – IBAN: BE70-0682-3415-7825

☐ 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.

☐ American Express ☐ Mastercard / Eurocard ☐ Visa

N°

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Cardholder's name:

Expiry date : _____ Card Verification code : _____ Last 3 digits on the back of Visa or EuroMastercard
4 digits above card n° for Amex card

By returning this form to Travex, you certify having read the terms and conditions of your hotel reservation as well as the
cancellation clauses which you accept without any restriction.

Signature Date.....