

Brain Critical Care and Emergencies (BRACE)

Brussels - Erasme University Hospital, June 20-21, 2016

HOTEL RESERVATION FORM

This form must be completed in BLOCK CAPITALS and ideally returned by fax or email at your earliest convenience and before 6 May to

TRAVEX CONGRES

Parvis de la Trinité, 8 B-1050 Brussels

Fax:00 32 2 537 75 88

Telephone: 00 32 2 533 20 44 Email: d.cochez@travex-travel.be

Dr /	Mr / Mrs / Ms	Fami	ily naı	ne																		
		First	name																			
INV	OICING DETA	<u>ILS</u>																				
Hos	spital / Compan	ıy (if a	pplica	ıble) .																		
Department (if applicable)V										V.A	T. # (if applicable)											
Add	Iress																					
Postal code																						
Phone										Fax	·											
Email@									@													
Hotel ideally located at few steps from the meeting venue / Erasme University Hospital																						
 Superior Executive room - Single occupancy incl. buffet breakfast : 268,- € per room stay (2 nights)* Superior Executive room - Double occupancy incl. buffet breakfast : 290,- € per room per stay (2 nights)* 																						
I want to reserve my room at the Hotel ERASME*** :																						
Arrival date : 19/06/2016											*											
Departure date : 21/06/2016											The price includes the breakfast, taxes, city taxes and handling fee Limited number of rooms: first come first served basis Refund based on hotel policy											
Price per stay : EUR									JR	Other room types on demand												
PAYMENT						Pl	ease	indica	te you	r pa	ayme	nt me	thod									
	☐ 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 (for 6 May at the latest and after issue of invoice).																					
					S	WIFT:	GKC	CBEE	3B – I	ВА	N: B	E70-	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.																					
	(o American Express o Mastercard / Euro											card o Visa									
	N°																					
	Cardholde	er's na	ame:																			
Expiry date : Card Veri								fication code :					Last 3 digits on the back of Visa or EuroMastercard 4 digits above card n° for Amex card									

Signature Date......