

Le MERIDIEN

BRUSSELS

HOTEL RESERVATION FORM

Carrefour de l'Europe 3

1000 Bruxelles

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EPLAW

Le Méridien Brussels from 25/11/2010 until 26/11/2010

NAME : _____
FIRST NAME : _____
COMPANY : _____
ADDRESS : _____
CITY : _____ POSTAL CODE : _____
COUNTRY : _____
TELEPHONE : _____ FAX : _____

PLEASE INDICATE DATE OF ARRIVAL AND DEPARTURE

| Arrival date: | | Departure date : | |
|----------------------|-------------------------|-------------------------|---------------------|
| Room type | Number of nights | Daily Rate | Total amount |
| Superior single | | 199€* | |
| Superior double | | 229€* | |

* These specially negotiated rates are **in clusive** of city tax, service charges and VAT.

* Rates are also including breakfast and are subject to any official tax changes.

In order to confirm the above reservation, I authorise the hotel to use the under mentioned credit-card number. In case of no show or cancellation made within 3 working days and my arrival, therefore from 23/11/2010, I do authorise the hotel to charge the credit card:

Credit Card Amex Visa Diners Eurocard - Mastercard

(please select the appropriate) :

Number : _____

Exp: _____

Issued to (name on card): _____

Signature (on card): _____

PLEASE NOTE THAT THE DEADLINE FOR ALL RESERVATIONS IS SET ON 05/11/2010 AND THAT THE GROUP ALLOCATION IS LIMITED.

AFTER THIS OPTION EXPIRY DATE AND THE ALLOCATION EXPIRY, RESERVATIONS AND TYPE OF ROOMS WILL ONLY BE CONFIRMED UPON AVAILABILITY.

REMARKS _____

