

HOTEL RESERVATION FORM

**Carrefour de l'Europe 3
1000 Bruxelles**

Telephone : 32 2 548 46 55

Fax : 32 2 548 40 80

Contact: Séverine Stoquart

email address : severine.stoquart@lemeridien.com

EPLAW

Le Méridien Brussels from 06/12/2012 until 07/12/2012

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

PLEASE INDICATE DATE OF ARRIVAL AND DEPARTURE

Arrival date:		Departure date :	
<u>Room type</u>	<u>Number of nights</u>	<u>Daily Rate</u>	<u>Total amount</u>
Superior single		229.00 €*	
Superior double		258.00 €*	

* 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 03/12/2012, 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 06/11/2012 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

