



# PARK HOTEL

## BRUSSELS

### ROOM REGISTRATION FORM

Dear Sir, Madam,

Thank you for your interest in the Best Western Premier Park Hotel Brussels.

Please fill in the following form to make your reservation:

**Name of the guest: Mr. / Mrs. / Ms.** \_\_\_\_\_

**Group Code:** 74585

**Arrival date:** 17/11/2008

**Departure date:** 20/11/2008

**Room type: Single room rate: 180 €/night (English buffet breakfast included)**

**Please Note: All accommodation requests must be submitted by 20<sup>th</sup> October 2008 to guarantee rates and availability.**

**Information to the guests :**

**Cancellations: Reservations cancelled at least 24 hours prior to arrival are without costs. If you cancel within 24 hours prior to arrival, 50% of the room cost will be charged.**

In case of No-Show, the 1<sup>st</sup> night will be charged entirely.

**Please return this registration form to the following fax no.: +32 (0)2 735 19 67**

**Credit Card Information:**

**Credit Card Type:**  Visa  Mastercard  American Express  Other: \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Please let us know if you wish to receive a confirmation:

- Email Address: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_

We are looking forward to welcoming you in our hotel!

***Marina***

Best Western Premier Park Hotel Brussels \*\*\*\*  
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