

Chelton Hotel Brussels***

ROOM REGISTRATION FORM

Dear Sir, Madam,

Thank you for your interest in the Chelton Hotel Brussels.

Please fill in the following form to make your reservation:

Name of the guest: Mr / Mrs / Ms _____

Group Code: ICPHSO – International Consumer Product Health and Safety Organization

Arrival date: 17/11/2008

Departure date: 20/11/2008

Room type: Single room rate : 135 €/per night, incl. buffet breakfast, tax & service

Double/Twin rate : 155 €/per night, incl. buffet breakfast, tax & service

Please Note: All accommodation requests must be submitted by 20th 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 1st night will be charged entirely.

Please return this registration form to the following fax no.: +32 2 735 07 66 Attn: Reservations or email this completed form to info@chelton.be - Attn: Reservations

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!

Carine Duhaut

Operations Manager

Chelton Hotel Brussels***

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fax : +32 2 735 07 66

email : info@chelton.be