

FIRST EUROFLAT HOTEL

ROOM REGISTRATION FORM

Attn: Kelly Dutrieux

Dear Sir, Madam,

Thank you for your interest in the FIRST EUROFLAT HOTEL.

Please fill in the following form to make your reservation:

Name of the guest: Mr / Mrs / Ms _____
Group: ICPHSO Block Booking

Arrival date: 17/11/2008
Departure date: 20/11/2008

Room type: Executive Room (Single Occupancy)
Rate: 180 Euros per room and per night
(Add 20 Euros per room per night for double occupancy.)

These rates include the buffet breakfast, taxes and service.

Please Note: All accommodation requests must be submitted by 17th October 2008 to guarantee rates and availability.

- *Cancellation or modifications are accepted until 4PM the day of arrival.*
- *All rooms must be guaranteed with a credit card.*
- *In case of a no-show, the first nights room charge will be billed to the credit card on file.*

Please return this registration form to the following fax no.: +32 (0)2 230 36 83 or e-mail this completed form to reservation@hoteleuroflat.be, Attn: Kelly Dutrieux.

Note that your rooms will be guaranteed until 4PM on the day of arrival. We kindly ask that you guarantee this reservation with a credit card number.

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!

Leslie Manuel
Sales Assistant

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