



**Holiday Inn  
BRUSSELS CITY CENTRE**

**ROOM REGISTRATION FORM**

Dear Sir, Madam,

Thank you for your interest in the Holiday Inn Brussels City Centre.

Please fill in the following form to make your reservation:

**Name of the guest: Mr / Mrs / Ms** \_\_\_\_\_  
**Group: ICPHSO 17-20/11/08**

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

**Room type: Standard Single/Double**  
**Rate: 155 EUR per room / per night – Single Occupancy**  
**170 EUR per room / per night – Double Occupancy**

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

*Cancellation or modifications are accepted up to 48 hours before arrival. In case of cancellations or modifications within 48 hours, the hotel charges the first night.*

*Please return this registration form to the following fax no.: +32 2 533 67 33 or 36 or 37 or you can e-mail it to [hibruxelles@alliance-hospitality.com](mailto:hibruxelles@alliance-hospitality.com) – Attn: Jeremie, Sophie or Gregory.*

**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!

**Catherine Goffin**  
**Director of Sales**  
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