

## **ROOM REGISTRATION FORM**

Dear Sir, Madam,

Thank you for your interest in the Sofitel Brussels Europe, Accor's flagship hotel situated in the heart of the European Headquarters.

Please fill in the following form to make your reservation:

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

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

**Room type:** Superior *Twin* Room (two separate beds)  
**Rate:** 200 Euros per room and per night

**Buffet Breakfast:**  
Included in the room rate, up to two guests per room. These prices include taxes and service.

**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 (0)2 235 51 01.**

*Note that your rooms will be guaranteed until 6PM 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!

**Nicolas Tys**  
**Group Reservations & Events Department**  
Sofitel Brussels Europe  
Tel: 0032 (0)2 235 51 19 (direct line)  
Fax: 0032 (0)2 235 51 01  
E-mail: H5282-SB1@accor.com