ROOM RESERVATION FORM

EABA European Algae Biomass Association

Reservation made by : _____

Guest name(s):

Mr/Mrs/Ms: _____ ***N°***_____

Mr/Mrs/Ms: _____ ***N°***_____

Mr/Mrs/Ms: _____ ***N°***_____

Arrival Date: ___ / ___ / ***2011-10-12*** ***Departure Date:*** ___ / ___ / ***2011*** ***(___ nights)***

Types of Room : *O Standard* *O Executive (+25€ on Standard rate)*

Room : *O Single (139 €)* *O Double (146 €)*

Preference : *O Smoking* *O Non smoking*

The rates are per night per room and include tax, service & breakfast.

Guarantee / Payment :

*O Guaranteed by our company for late arrival** *O Release at 4.00 PM*

O Guaranteed for late arrival by guest credit card n°* _____ *exp __ / __ code ____*

O Payment by company : include extras YES / NO *O by customer on departure*

** In case of No-Show one night fee will be charged per room.*
Cancellation policy : 4.00 PM, 24 hours prior to arrival without charge.

Hotel Confirmation :

Stamp : ***Date :*** _____ / _____ / ***2011***

Receptionnist :

Avenue Louise 315 ■ B-1050 Bruxelles ■ Tel : 00 32 (0)2 640 24 15 ■ Fax : 00 32 (0)2 647 34 63
Website : http://www.hotelbrusselsbelgium.com ■ E-mail: reservations@hotelbrusselsbelgium.com