



**Corporate Reservation Form**

**EUROPEAN ALGAE BIOMASS ASSOCIATION - EABA**  
**VIA DEL PONTE DELLE MOSSE, 61 – 50144 FIRENZE (ITALY)**

TEL: + 32-2-763.24.77                      FAX: + 32-2-763.04.57                      MRS. ELISA FAILLA

GUEST NAME : \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_ EMAIL: \_\_\_\_\_  
TEL. : \_\_\_\_\_ FAX: \_\_\_\_\_

ARRIVAL: \_\_\_\_\_ DEPARTURE: \_\_\_\_\_ NIGHTS: \_\_\_\_\_  
 ROOM (Single):                      EUR 175.00 €

These rates include Service VAT and breakfast. Brussels City Tax is not included.

SMOKING       Yes    No                      SPECIALS: \_\_\_\_\_

**GUARANTEE**  
PLEASE NOTE ALL RESERVATIONS SHOULD BE GUARANTEED BY CREDIT CARD.  
ANY NON GUARANTEED RESERVATION WILL **NOT** BE ACCEPTED.  
THE RESERVATION CAN BE CANCELLED FREE OF CHARGE UP TO 48 HOURS PRIOR TO ARRIVAL DATE. ANY CANCELLATION LATER THAN 48 HOURS WILL BE FULLY INVOICED.

A)     CREDIT CARD     AMERICAN EXPRESS     DINERS     VISA     MASTERCARD

CARD NUMBER : \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
CARD HOLDER'S NAME: \_\_\_\_\_ CVC (SECURITY CODE) \_\_\_\_\_

PLEASE SEND THIS RESERVATION FORM TO THE ATTENTION OF  
RESERVATION DEPARTMENT  
FAX 0032-2.643.93.84 // DIRECT TEL 0032-2-643-93-78  
EMAIL: RES@LE-CHATELAIN.NET

**PLEASE NOTE: TO GUARANTEE YOUR RESERVATION AT THIS SPECIAL RATE, PLEASE RESERVE YOUR ROOM BEFORE THE 24/10/2011**

**HOTEL CONFIRMATION**

WE THANK YOU FOR YOUR REQUEST AND HAVE THE PLEASURE TO CONFIRM YOUR RESERVATION:

CONFIRMATION NR: \_\_\_\_\_ RATE : \_\_\_\_\_  
SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

CORP RESA FORM 2001.DOC