

HOTEL RESERVATION FORM

TRAVEX S.A.

This form must be completed in BLOCK CAPITALS
and emailed at your **earliest** convenience to
d.cochez@travex-travel.be

Parvis de la Trinité, 8
B-1050 Brussels
VAT : BE 0414.435.171

Telephone:
00 32 2 533 20 44

Dr / Mr / Mrs / Ms Family name

First name

INVOICING DETAILS

Hospital / Company (if applicable)

Department (if applicable) V.A.T. # (if applicable)

Address

Postal code City Country

Phone Fax

Email@.....

HOTEL BOOKING

All the listed rates are in € and *include* breakfast, hotel taxes and service. Minimum 3 nights between Monday and Friday.

HOTEL NAME :

☐ Single use ☐ Double / Twin use Number of room nights:

ARRIVAL DATE **March 2027** ☐ Late arrival (after 18.00)

DEPARTURE DATE **March 2027** ☐ Non-smoking room

Payment calculation:

1st choice hotel rate :€ + 3% (handling fee)€ xnights = Total to be paid€

PAYMENT

Please indicate your payment method

☐ The amount will be paid by bank transfer to **Travex** Congres, Account # 068-2341578-25 at the Belfius Bank, Rue de l'Amazone 1 at 1050 Brussels – Belgium (max.30 days after issuance of invoice).
SWIFT: GKCCBEBB – IBAN: BE70-0682-3415-7825

☐ **VISA / MASTER** : Please email me the confirmation/invoice and the email from **Viva Wallet** with a secured web link for the prepayment. The hotel voucher is emailed upon confirmation of the transaction

☐ **AMERICAN EXPRESS** : please charge the following credit card and all costs related to my hotel booking and email me the confirmation / invoice and hotel voucher.

☐ American Express

N°

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Cardholder's name:

Expiry date : _____ Card Verification code : _____ 4 digits above card n° for Amex card

By returning this form to Travex, you certify having read the terms and conditions of your hotel reservation as well as the cancellation clauses which you accept without any restriction (conditions on www.travexcongress.be/isicem-46/conditions).

Signature Date.....