

HOTEL RESERVATION FORM

TRAVEX S.A.

This form must be completed in BLOCK CAPITALS and ideally returned by fax or email at your **earliest** convenience to

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

Telephone:
00 32 2 533 20 44
Fax:
00 32 2 537 75 88
Email:
d.cochez@travex-travel.be

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

1st hotel choice : 2nd choice 3rd choice

Single Double / Twin Number of room nights:

ARRIVAL DATE March 2019 Late arrival (after 18.00)

DEPARTURE DATE March 2019 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 issue of the invoice).
SWIFT: GKCCBEBB – IBAN: BE70-0682-3415-7825
- VISA / MASTER** : Please email me the confirmation/invoice together with the email from Europabank with a secured web link for 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.

Signature Date.....