



HOTEL BOOKING FORM

**PLEASE FAX THIS BOOKING FORM (1 per participant) TO
 +32 2 647 59 34 OR EMAIL TO registration@europeanroadcongress.com**

Participant information

Mr. / Mrs.		Title:	
First Name:			
Last Name:			
Job title:			
Organisation			
Address:			
Post Code:	City:	Country:	
Email:			
Tel.		Fax:	

Dates

Arrival date:
Departure date:
Number of nights:

Hotel

Please select a 1st, 2nd and 3rd choice of hotel*.

Hotel Name	Price**	1 st choice	2 nd choice	3 rd choice
Schuman Area				
Sofitel Europe (5*)	200€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eurostars Montgomery (5*)	180€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Inn Schuman (3*)	135€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City Centre				
Progress Hotel (4*)	200€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hôtel des Colonies (3*)	140€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eurostars Grand Place (4*)	130€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Louise area				
Bristol Stephanie (5*)	190€	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Every effort will be made to reserve your first choice of hotel, however rooms are limited. Please book early to ensure your choice of hotel.*

***Prices quoted are nightly rates for single hotel rooms including breakfast (except Sofitel), during the Congress dates; these prices cannot be guaranteed if you wish to stay for extra nights before or after the Congress. Double rooms can be arranged on request.*

Credit card details

Credit card details are required in order to confirm your hotel reservation.

Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express
Card holder's full name:
Credit Card Number: ____ / ____ / ____ / ____
Expiry Date: ____ / ____
Security Number (7-digit number on the back of your card) _____
Card Holder's Signature:
Date:

No payment will be charged except in case of cancellation, all hotel payments must be made directly to the hotel during your stay.

Request for invoice

VAT number:

Deadline for hotel registrations

Friday, 25 May 2008

Cancellation policy

Cancellation policies vary for each hotel, 100% refund is not guaranteed for cancellations received after Monday 26 May 2008.

Confirmation of your hotel registration will be sent to you by email.