

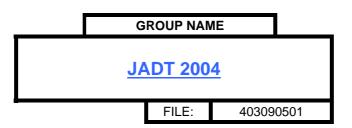
HOTEL IBIS BRUSSELS CENTRE SAINTE CATHERINE

2 RUE JOSEPH PLATEAU

B-1000 BRUXELLES

TEL:00 32 2 513 76 20 FAX: 00 32 2 514 22 14

h1454-SB@accor-hotels.com





RESERVATION FORM

Name:	. First Na	me:			
Address:					
Zip Code:	Country	······································			
Геl:	Fax:				
Arrival Date: Departure Date: Departure Date:					
Number of Nights:		Single	<u>92</u>	Euro Bed and Breakfast	
		Double	<u>97</u>	Euro Bed and Breakfast	
Credit Card Details:/	/	/		Exp: /	
Card holder:PLEASE FILL IN THIS FORM AND SEND IT TO ++32-2-514 22 14					

IN CASE OF PREPAYMENT, FIND OUR ACCOUNT DETAILS:

BANK BRUSSELS LAMBERT BD ANSPACH 2-4, 1000 BRUSSELS
ACCOUNT NUMBER: 310-0238406-66 TVA-BTW: BE 426.959.158
PLEASE MENTION THE NAME OF THE GROUP ON YOUR PAYMENT.

WITHOUT THIS FORM, THE RESERVATION WILL BE UNVALID AND NOT SUBMIT TO OUR GROUP CONDITIONS.

Reservation Confirmed:	Hotel Stamp:	
		
CANCELLED IMMEDIATELY AFTER.		

IN CASE OF NO GUARANTEE, YOUR RESERVATION WILL BE HOLD UNTIL 7 PM AND WILL BE

Date: