



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



GROUP NAME
<u>JADT 2004</u>
FILE: 403090501

RESERVATION FORM

Name:..... First Name:.....

Address:.....

Zip Code:..... Country:.....

Tel:..... Fax:.....

Arrival Date:..... Departure Date:.....

Number of Nights:..... Single 92 Euro Bed and Breakfast
 Double 97 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.

IN CASE OF NO GUARANTEE, YOUR RESERVATION WILL BE HOLD UNTIL 7 PM AND WILL BE CANCELLED IMMEDIATELY AFTER.

REMARKS:
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Reservation Confirmed:
Date:

Hotel Stamp: