

ROOM RESERVATION FORM

To be sent to the following email : brussels.workshop.2014@drdevroye.com

Attention : Claudi Parra

Tel : +32 (0)2 880 70 60

HTS- CLINIC : Brussels workshop

Room type : Superior Single
Rate : 190.00 EUR: 12/06/14
155.00 EUR: 13/06/14
155.00 EUR: 14/06/14
155.00 EUR: 15/06/14

Please select your dates

Arrival date : 12/06/2014 13/06/2014 14/06/2014 15/06/2014

Check-in time : 15h00

Departure date : 13/06/2014 14/06/2014 15/06/2014 16/06/2014

Check-out time : 12h00

- ⊗ Buffet breakfast is included for one single room. Please add 28.00 EUR per person for a double room.
- ⊗ WIFI is included.
- ⊗ The City Tax of 9.00 EUR per room per night is not included in the bedroom rate.
- ⊗ The parking is 15.00 EUR per day per car (instead of 25 EUR).

FIRST NAME / SURNAME _____

ADDRESS _____

COUNTRY _____

PHONE _____ **EMAIL** _____

All accommodation requests must be submitted by : **28/04/2014**

Amount of one night will be charged in case of no-show or cancellation less than 1 month prior to arrival.

Card holder _____

Credit card number _____

Expiry date _____

Date :

Signature for approval on the conditions & authorization to debit the card :

Booking is according to availability.

No booking can be accepted without credit card details and authorization to debit the card.