



**IBIS HOTEL
HASSELT**

HASSELT, APRIL 19TH – 21ST 2004

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation March 30th . 2004**

TICK	HOTEL	
[]	IBIS HOTEL Thonissenlaan 52, B-3500 Hasselt, Belgium tel: +32. 11. 23 11 11 fax +32. 11 24 33 23	€ 61 for a single room/night (includes breakfast) € 71 for a double room/night (includes breakfast)

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: £ _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____