





HASSOTEL HASSELT

HASSELT, APRIL $19^{TH} - 21^{ST}$ 2004

MR	/MRS	•	
FIR	ST NAME	NAME	
AD	DRESS		
ZIP CODECITY		CITY	COUNTRY
TELEPHONE		FAX	
EM	AIL:		
	HOTEL ACCO	OMMODATION FAX	REGISTRATION FORM
(Price are TICK	e per room and night including HOT	g breakfast and taxes), Dead	lline for reservation March 30 th . 200
TICK	noi	EL	
[]	HASSOTEL St.Jozefstraat 10, B-350 tel: +32. 11.23.06.55 fax +32. 11.22.94.77		€ 60 for a single room/night (includes breakfast) € 80 for a double room/night (includes breakfast)
Reserva	ation needed of	room / s sin	gle/s double /s
Arrival date Depart		Departure date	
Estimat In orde	r to ensure your room res	ervation a one night dep	posit will be required: £
TOTA	AL PAYMENT €	D UI	E
PAYM Credit C	ENT BY		
	□ EURO/MASTE	\square AMEX	□ DINERS CLUB
n°		Expiry date	/
SIGNA	ΓURE	PRINT SIGN	NATURE
			Date