





## HOLIDAY INN HASSELT

## HASSELT, APRIL 19<sup>TH</sup> – 21<sup>ST</sup> 2004

MR	/MRS	·	
FIRST NAME		NAME	
AD	DRESS		
_			
_			
ZIP CODE		CITY	COUNTRY
TELEPHONE		FAX	
EM	AIL:		
	HOTEL ACC	COMMODATION F	FAX REGISTRATION FORM Deadling for recognistin March 30th 2004
Price are	e per room and mgnt mendu	ng breakfast and taxes) <u>.</u> DTEL	Deadline for reservation March 30 <sup>th</sup> . 2004
TICK	пс	) I EL	
	HOLIDAY INN HAS Kattegatsrtaat 1, B-350 tel: +32. 11. 24 22 00 fax +32. 11 22 39 35		€ 99 for a single or double room/night (includes American breakfast)
Reserva	ation needed of	room / s	_ single/s double /s
Arrival date Depart		Departure date	
Estimat In order	ed Time of Arrival: to ensure your room re	eservation a one nigh	at deposit will be required: £
ГОТА	L PAYMENT €	]	DUE
PAYM	ENT BY		
Credit C	ard:	ERCARD   AME	EX
n°		Expiry da	ate/
SIGNAT	ΓURE	PRINT	SIGNATURE
			Date