



2004



EUROPA HOTEL

GHENT, NOVEMBER 25TH – 27TH 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 November 10th . 2004**

TICK	HOTEL	
[]	Europa Hotel Gordunakaai 59 B-9000 Ghent Belgium Phone:+32.(0)9 222.60.72 Fax:+32.(0)9 220.06.09	<p>€80 /night for a single room - 10% Ghent University discount</p> <p>€90 /night for a double room - 10% Ghent University discount</p>

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 _____