

Hotel Astrid ★★★

Place du Samedi 11
1000 Brussels

① **Additional information** : T. +32 (0)2 210 15 32
↔ **Return** by fax : +32 (0)2 210 15 39 or by email : gres@3sh.be

Rooms are "pre-booked" from **Friday, 1 February till Sunday, 3 February 2013**. All other dates are upon request and subject to hotels' availability.

Rate for a **single** occupied room : **90 Euro**
Rate for a **double** occupied room : **90 Euro**

Above mentioned rates are per room, per night, breakfast, taxes & service included.

Rooms are available upon a first come, first served basis. In order to benefit of these pre-booked arrangements you are advised to return this form completed by **January 4th, 2013**. After this date, the reservations and the rates will be subject to availability.

Please use **CAPITAL LETTERS** to complete :

CONTACT :

Mrs/Mr Contact : Telephone :
Company : Fax :
Email :

ROOM REQUEST :

Mrs/Mr Full Guest Name : Arrival : / 02 /2013
Room type : Single / Double Departure : / 02 /2013
Preference (*upon availability*) Smoking / Non-smoking Nights :

GENERAL TERMS & CONDITIONS :

1. All cancellation and modifications of reservation must be done in writing to the hotel, at the latest 72 hours prior to the confirmed arrival. If you do not cancel your reservation following this procedure, the hotel will be entitled to charge you for the entire stay booked. Cancellation and modifications are only considered as valid if approved in writing by the hotel.
2. In case of no-show, the entire stay booked will be charged and your room will be kept for you until 10AM the day following your expected arrival date. Afterwards, the room will be offered as freely available.
3. In case of early departure, the remaining night(s) will still be charged.
4. Payments for all room bookings are to be settled with the hotels directly (upon departure).
5. A valid credit card number must be given when making your booking request in order to guarantee and secure your reservation. Rooms which are not guaranteed with a credit card number will automatically be released 72 hours prior to the expected arrival.
Card type : Card Number : Expiry Date : / CVV Code :
Card Owner :
6. The above mentioned rates are only applicable with this request form and for the above mentioned dates.

By returning this form you agreed with the above mentioned general conditions.

Date : Signature :

