



Hotel Ibis Sainte Catherine***

Rue Joseph Plateau 2 1000 Brussels

① Additional information: T. +32 (0)2 541 89 13

≒ Return by fax: +32 (0)2 541 89 59 or by email: h3152-re2@accor.com

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: **73.50 Euro** (city tax of 4.50 Euros included in the rate) Rate for a **double** occupied room: **87.50 Euro** (city tax of 4.50 Euros included in the rate)

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 :		Arri	val :	/ 02 /2013	
Room type :	☐ Single / ☐ Double	Dep	arture :	/ 02 /2013	
Preference (upon availability)	☐ Smoking / ☐ Non-smoking	Nigl	hts :		
GENERAL TERMS & CONDITIONS:					
	ervation must be done in writing to the hotel, at ing this procedure, the hotel will be entitled to alid if approved in writing by the hotel.				
2. In case of no-show, the entire stay book	ked will be charged and your room will be kept	for you until 1	LOAM the d	day following your expe	cted

- 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 :	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:

