

REGISTRATION FORM

| Event: Date of the event: | Act-Wise 21-03-2019 | |
|--------------------------------|---|--|
| | | |
| First name: | Last | name: |
| E-mail: | | |
| Phone number: | | |
| - | vation, we kinldy ask you to send us this form be | |
| • | ty of the rooms or the proposed rates, is no longer | guaranteed. |
| Any late reservation request | will be treated following availability. | |
| | | |
| Arrival date : | 21-03-2019 | |
| Departure date: | 22-03-2019 | |
| Room type: | Classic rooms | Superior rooms |
| Rate single occupancy: | □ 195,00 EUR per room and per night | \Box 225,00 EUR per room and per night |
| Breakfast: | Included in room rate | |
| City tax: | 4,24 EUR per room per night - Not included in room rate | |
| We kindly ask you to provide | e your credit card number to confirm your reservat | ion. |
| Please note that bookings w | ithout credit card number will not be considered. | |
| Credit card number: | | Exp. Date:/ |
| Cardholder name: | | |
| Signature: | | |
| Check-in as from 15h00 / Check | -out until 12h00. | |
| Your booking may be cancelled | d without charge until 25/02/2019 | |
| Any no-show or cancellation a | fter this time, will be charged in full. | |
| | | |
| | We are looking forward to welcomin | ng you in our hotel! |

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