

1427728

INTERCONGRESS GMBH

From the 29/11/2018 to the 01/12/2018

Please send this form by fax or e-mail before the 12/10/2018 Rates are valid on request and upon availability.

☐ Mr. ☐ Mrs.	Name:	Sı	urname:	
Company:				
Town-Country:		Address:		
Phone Number:		Fax:	E-Mail Addr	ess:
Date & Place of Bi	rth:		_ Nationality	·
Passport number:				
Date of Arrival:	_/ /2018	Date of Departure: _	//2018	Arrival Time:
<u> Hotel Parc Belle-V</u>	<u>ue***</u>			
The night of the 29	9 th of Noveml	<mark>oer 2018:</mark> <u>(</u> 30 rooms are	available)	
☐ 119.00€ in a <u>star</u>	ndard single ro	<u>oom</u>		
☐ 139.00€ in a <u>star</u>	ndard double	<u>room</u>		
The night of the 30	O th of Noveml	oer 2018: (30 rooms are	available)	
☐ 119.00€ in a <u>stan</u>				
☐ 139.00€ in a <u>stan</u>				
155.000 iii u <u>stan</u>	adia acabic i	<u>00111</u>		
We have parking sp night is 25 EUR.	paces at your	disposal upon availabili	ty. The price	oer parking space, per
All above mention	ned net rates	are per night and pe	er room, brea	akfast buffet, service and
all applicable tax	es included.			
			_	
		□ Visa □ America	•	
	Expiration Date: /			
Security Code:	Card	Owner:		
D				
			•	ntil the <u>14/11/2018</u> In case e of any no-show withou
•				cellations by phone; please
	•		•	g by indicating the numbe
•	•	ration date with CVC co	•	g by malcading the number
or your create card	and the expir	adon date with eve to	J	