



RESERVATION FORM – ChemOn Tubes 2016 – 2-8/04/2016

Name: _____ First Name: _____
 Arrival Date: _____ Departure Date: _____
 Tel. (+country code): _____ Fax (+ country code): _____
 E-mail: _____

*****OPTION 1*** - CLASSICAL ROOM (including American Buffet Breakfast)**

	Price/room/night	Sat, 2 nd Apr	Sun, 3 rd Apr	Mon, 4 th Apr	Tue, 5 th Apr	Wed, 6 th Apr	Thu, 7 th Apr
Single Room	120 €	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Room	140 €	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*****OPTION 2*** - SHARED CLASSICAL TWIN ROOM (including American Buffet Breakfast)**

If you wish to make a reservation for one person sharing a twin room with another delegate please tick here:

	Price/pers./night	Sat, 2 nd Apr	Sun, 3 rd Apr	Mon, 4 th Apr	Tue, 5 th Apr	Wed, 6 th Apr	Thu, 7 th Apr
Shared Twin Room	70.00 €	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate delegate's name with whom you would like to share your room with:
 Surname : _____ First Name : _____

→ Please note that this preference cannot be guaranteed. If no preference is indicated, the second delegate will be chosen arbitrarily. **!⚠ Both delegates need to send their reservation forms separately to ensure the accommodation !⚠**

DELUXE ROOM (including American Buffet Breakfast) **PRESTIGE ROOM (including American Buffet Breakfast)**
 Supplement of € 30,00 for a **Deluxe Room** per night Supplement of € 60,00 for a **Deluxe Room** per night

The above mentioned rates are per room OR per person, per night and include VAT, local taxes & breakfast.

RESERVATION DEADLINE: 03/03/2016

*After this date all reservations are upon request and upon availability
 (unless the number of rooms pre-reserved by the organiser of the event are all reserved prior the reservation deadline)*

I wish to guarantee my room reservation with the following credit card *(the rooms none guaranteed with a credit card will be held until 24h00 prior the arrival date. After this time your reservation may be cancelled by the hotel without notice)*

Type of card: _____
 Card Number: _____ Expiry Date: ____/____/____

After receiving your credit card details, your reservation is guaranteed and may be cancelled without charges until 24h00 prior the date of arrival.
 In the Event of a no-show or late cancellation, the first night will be charged at the confirmed rate as cancellation fee. In case of shortened stay, one extra night will be charged.

Signature: _____ Date: ____/____/____

Kindly return this form to the following fax number:
 + 32 2 278 06 72 or reservations@leplaza.be
!⚠ 1 Form room reservation OR per person !⚠

CHE020416