

**INDIVIDUAL RESERVATION FORM FOR HOTELROOM BOOKING**

**HÔTEL SOFITEL ASTORIA BRUSSELS**  
**Rue Royale 103**  
**1000 Brussels**  
**Tel +32 2 227 05 42 fax +32 2 217 11 50**  
**e-mail : H1154-re@accor.com**  
**site : www.sofitel.com**

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**Please fill in this form and return it by fax**  
**no later than October 7<sup>th</sup>, 2007**  
**directly to Sofitel Astoria Brussels**  
**Reservation code : CERDP**

<b>Personal information</b>	
Name :	First name :
Nationality :	
Address :	
City :	Country :
Tel :	Fax :
E-mail :	

<b>Room reservation (breakfast incl. - check-in after 3 p.m. – check-out before 11 a.m)</b>				
type of room	night of 7-8/11	night of 8-9/11	night of 9-10/11	night of 10-11/11
single - <b>€ 152,- / night</b> (taxes + breakfast incl.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
double single use – <b>€ 162,- / night</b> (taxes + breakfast incl.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrival date :	Time of arrival :			
Departure date :	Time of departure :			

<b>Confidential information</b>			
Passport N°			
Int'l credit card N°		expiration date	
Master Card <input type="checkbox"/>	American Express <input type="checkbox"/>	Visa <input type="checkbox"/>	other <input type="checkbox"/>