

PRENOTAZIONI ALBERGHIERE

Scegliete uno dei 5 hôtels che seguono e prenotate direttamente il vostro soggiorno prima della data indicata, inviando la scheda corrispondente per fax

LISTA DEGLI HOTELS

Participants should reserve rooms in one of the 5 hotels listed below as soon as possible before the date indicated, by fax. Reservation must be made directly with the hotel.

Hôtel Dorint Brussels (vicino al Parlement Européen)

Boulevard Charlemagne 11-19 à BE-1000 Bruxelles

Tel. +32/2/231.09.09

Fax +32/2/230.33.71

Email: h5344-re@accor.com

Password "CECODHAS"

Opzione fino al : 12 settembre

Hôtel Eurovillage (vicino al Parlement Européen)

Boulevard Charlemagne 80 à BE-1000 Bruxelles

Tel. +32/2/235.17.13

Fax +32/2/230.56.35

Email: seminar@eurovillage.be

Password "CECODHAS 10-15/10"

Opzione fino al : 12 settembre

Hôtel Léopold Brussels (vicino al Parlement Européen)

Rue du Luxembourg 35 à BE – 1050 Bruxelles

Tel. +32/2/511.18.28

Fax +32/2/514.19.39

Email: cgrouwe@hotel-leopold.be

Password "CECODHAS 1591"

Opzione fino al : 12 settembre

Hôtel Aris (vicino alla Grand Place de Bruxelles)

Rue Marché aux Herbes 78 à 1000 Bruxelles à BE – 1000 Bruxelles

Tel. +32/2/514.43.00

Fax +39/2/514.01.19

Email: stephane.debruyne@arishotel.be

Password "CECODHAS"

Opzione fino al : 12 settembre

Hôtel Le Châtelain (vicino all'Avenue Louise)

Rue du Châtelain 17 à 1000 Bruxelles

Tel. +32/2/643.93.43

Fax +32/2/626.98.78

Email: vcambis@le-chatelain.net

Password "CECODHAS 101890"

Opzione fino al : 12 settembre

CORPORATE RESERVATION FORM

HOTEL DORINT BRUSSELS

BOULEVARD CHARLEMAGNE 19 À BE-1000 BRUXELLES

TEL. : +32/2/235.17.13- FAX : +32/2/230.56.35 - CONTACT : M. M. LAURENT

Réf.: CECODHAS Booking Code CECO101005

GUEST NAME : _____ FIRST NAME : _____

ADDRESS : _____

EMAIL : _____

TEL. : _____ FAX : _____

ARRIVAL : _____ DEPARTURE : _____ NIGHTS : _____

- | | | |
|--|----|---------|
| <input type="checkbox"/> SINGLE | AT | 165 EUR |
| <input type="checkbox"/> DOUBLE | AT | 189 EUR |
| <input type="checkbox"/> SINGLE EXECUTIVE ROOM | AT | 195 EUR |
| <input type="checkbox"/> DOUBLE EXECUTIVE ROOM | AT | 219 EUR |

* EXECUTIVE ROOMS INCLUDING BATHROBE & SLIPPERS, FREE PARKING, WELCOME DRINK AT THE BAR, COFFEE & TEA MAKING FACILITIES AND CHOICE OF NEWSPAPERS.

THESE RATES INCLUDE SERVICE , VAT AND FULL BUFFET BREAKFAST

SMOKING YES NO SPECIALS : _____

PAYMENT OR GUARANTEE

PLEASE NOTE ALL RESERVATIONS SHOULD BE GUARANTEED EITHER BY CREDIT CARD OR BY THE COMPANY.
ANY NON GUARANTEED RESERVATIONS WILL BE AUTOMATICALLY RELEASED AT 6PM ON THE FDAY OF ARRIVAL.

CREDIT CARD AMERICAN EXPRESS DINERS EUROCARD VISA

CARD NUMBER : _____ EXPIRY DATE : _____

CARD HOLDER'S NAME : _____



HOTEL CONFIRMATION

WE THANK YOU FOR YOUR REQUEST AND HAVE THE PLEASURE TO COFIRM YOUR RESERVATION :

CONFIRMATION NR : _____ RATE : _____

SIGNATURE : _____ DATE : _____

CORPORATE RESERVATION FORM

HOTEL EUROVILLAGE

BOULEVARD CHARLEMAGNE 80 À BE-1000 BRUXELLES

TEL. : +32/2/235.17.13- FAX : +32/2/230.56.35 - CONTACT : M. T. VAN WYNSBERGHE

Réf.: CECODHAS 10-15/10

GUEST NAME : _____ FIRST NAME : _____

ADDRESS : _____

EMAIL : _____

TEL. : _____ FAX : _____

ARRIVAL : _____ DEPARTURE : _____ NIGHTS : _____

EXECUTIVE AT 147.00 EUR

VIP AT 167.00 EUR

THESE RATES INCLUDE SERVICE , VAT AND FULL BUFFET BREAKFAST

SMOKING Yes No SPECIALS : _____

PAYMENT OR GUARANTEE

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CREDIT CARD AMERICAN EXPRESS DINERS EUROCARD VISA

CARD NUMBER : _____ EXPIRY DATE : _____

CARD HOLDER'S NAME : _____



HOTEL CONFIRMATION

WE THANK YOU FOR YOUR REQUEST AND HAVE THE PLEASURE TO COFIRM YOUR RESERVATION :

CONFIRMATION NR : _____ RATE : _____

SIGNATURE : _____ DATE : _____

CORPORATE RESERVATION FORM

HOTEL LEOPOLD BRUSSELS

RUE DU LUXEMBOURG 35 À BE-1050 BRUXELLES

TEL. : +32/2/511.18.28- FAX : +32/2/514.19.39 - CONTACT : MME C. GRUWE

Réf.: CECODHAS 1591

GUEST NAME : _____ **FIRST NAME** : _____

ADDRESS : _____

EMAIL : _____

TEL. : _____ **FAX** : _____

ARRIVAL : _____ **DEPARTURE** : _____ **NIGHTS** : _____

JUNIOR SUITE AT 179.00 EUR

THESE RATES INCLUDE SERVICE , VAT AND FULL BUFFET BREAKFAST

SMOKING YES NO **SPECIALS** : _____

PAYMENT OR GUARANTEE

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ANY NON GUARANTEED RESERVATIONS WILL BE AUTOMATICALLY RELEASED AT 6PM ON THE FDAY OF ARRIVAL.

CREDIT CARD AMERICAN EXPRESS DINERS EUROCARD VISA

CARD NUMBER : _____ **EXPIRY DATE** : _____

CARD HOLDER'S NAME : _____



HOTEL CONFIRMATION

WE THANK YOU FOR YOUR REQUEST AND HAVE THE PLEASURE TO COFIRM YOUR RESERVATION :

CONFIRMATION NR : _____ **RATE** : _____

SIGNATURE : _____ **DATE** : _____

CORPORATE RESERVATION FORM

HOTEL ARIS

RUE MARCHÉ AUX HERBES 78 À BE-1000 BRUXELLES

TEL. : +32/2/511.18.25 - FAX : +32/2/514.19.39 - CONTACT : M. S. DEBRUYN

Réf.: CECODHAS

GUEST NAME : _____ FIRST NAME : _____

ADDRESS : _____

EMAIL : _____

TEL. : _____ FAX : _____

ARRIVAL : _____ DEPARTURE : _____ NIGHTS : _____

SINGLE AT 120.00 EUR

DOUBLE AT 150.00 EUR

THESE RATES INCLUDE SERVICE , VAT AND FULL BUFFET BREAKFAST

SMOKING Yes No SPECIALS : _____

PAYMENT OR GUARANTEE

PLEASE NOTE ALL RESERVATIONS SHOULD BE GUARANTEED EITHER BY CREDIT CARD OR BY THE COMPANY.
ANY NON GUARANTEED RESERVATIONS WILL BE AUTOMATICALLY RELEASED AT 6PM ON THE FDAY OF ARRIVAL.

CREDIT CARD AMERICAN EXPRESS DINERS EUROCARD VISA

CARD NUMBER : _____ EXPIRY DATE : _____

CARD HOLDER'S NAME : _____



HOTEL CONFIRMATION

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CONFIRMATION NR : _____ RATE : _____

SIGNATURE : _____ DATE : _____

CORPORATE RESERVATION FORM

HOTEL LE CHATELAIN

RUE DU CHATELAIN 17 À BE-1000 BRUXELLES

TEL. : +32/2/646.93.77 - FAX : +32/2/646.00.88 - CONTACT : MME M. ABERGEL

Réf.: CECODHAS 101890

GUEST NAME : _____ FIRST NAME : _____

ADDRESS : _____

EMAIL : _____

TEL. : _____ FAX : _____

ARRIVAL : _____ DEPARTURE : _____ NIGHTS : _____

SUPERIOR SINGLE AT 160.00 EUR

THESE RATES INCLUDE SERVICE , VAT AND FULL BUFFET BREAKFAST

SMOKING YES NO SPECIALS : _____

PAYMENT OR GUARANTEE

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CREDIT CARD AMERICAN EXPRESS DINERS EUROCARD VISA

CARD NUMBER : _____ EXPIRY DATE : _____

CARD HOLDER'S NAME : _____



HOTEL CONFIRMATION

WE THANK YOU FOR YOUR REQUEST AND HAVE THE PLEASURE TO COFIRM YOUR RESERVATION :

CONFIRMATION NR : _____ RATE : _____

SIGNATURE : _____ DATE : _____