

HOTEL BOOKING FORM

FCIB CORPORATION

Conference Date: 19th June to 21st June 2005

Please make the following room reservation for (one reservation per form):

Last name:

First name:

Company name:

Street and number:

Postal Code, City and Country:

Fax Number: (in order to send you our confirmation)

Telephone Number:

Arrival date:

Nr. of nights:

Departure date:

Expected arrival time:

Single Room:

Double Room:

Nr of persons in the room:

Smoking:

*Room Rates: * Standard Rooms:*

Single room: 160 EUR

Double room: 185 EUR

All the above mentioned rates include breakfast VAT and service charges

Please note that the hotel reserves the right to charge a cancellation fee for reservations cancelled after midday (12 pm) on the day of arrival

To guarantee your reservation and for arrival after 4 pm:

Type of Credit Card:

Credit Card Number:

Expiry Date:

Name of Card Holder:

Kindly return this reservation form before the Wednesday the 18th of May 2005.

After this date reservations will be subject to availability

FAX TO: Radisson SAS Hotel Brussels

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