



BeHRA

Belgian Heart Rhythm Association

4th Belgian Heart Rhythm Meeting “Arrhythmias for every Cardiologist”

Sheraton Brussels Airport Hotel and Congress Centre
Brussels, 30th September and 1st October 2010



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**Please complete and return this form
to the BHRM Organising Secretariat:**

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HOTEL RESERVATION

Prof Dr Mr Ms

Surname _____ First name _____

Organisation/Hospital _____

Address _____

Postcode _____ City _____

Tel _____ Fax _____ E-mail _____

Reservation made:

Single room at **150 EUR** Double room at **175 EUR** Smoking / Non-Smoking

Arrival / / / **Departure** / / /

Number of nights _____

Guest name _____

Street/N° _____

City/Postal Code _____

Country _____

Tel _____

Fax _____

E-mail _____

Confirmation to sent to: Guest
 Company

Signature _____

Date _____

Payment:

By guest on site upon check out

Upon receipt of the invoice sent to:

Company _____

To the attention of (name) _____

Street/N° _____

City/Postal Code _____

Country _____

Tel _____

Fax _____

E-mail _____

VAT N° _____

Invoicing instructions: room & breakfast
 extras

In order to guarantee this reservation, please provide credit card details:

Credit card type Visa Amex Eurocard/Mastercard Diners

Credit card number _____ Expiry date _____

Credit card holder name _____ Credit card holder's signature _____