

Hotel Booking Form
Reservation Code: EHFA / contract 2008

HOTEL CAPITAL
Fax : +32 2 646 33 14

RESERVATION FOR:

Mr / Ms.....

Company

Tel:

Fax:

Credit Card Holder

Credit Card Number..... **Code**

Expiry Date:/.....

Arrival Date _____

Departure Date _____

HOTEL CONFIRMATION

Stamp:

Reservation No.

Date:

Name:

EHFA - European Health & Fitness Association

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