

## GROUP ACCOMMODATION REQUEST FORM

## **DEADLINE: 17 DECEMBER 2012**

## Colloquium Group Accommodation Department

Tel: +32 2 566 99 46, Fax: + 32 2 779 59 60

**EXHIBITOR DETAILS** 

Company name\*

Address\*

City\*

Country\*

Postal code\*

## To be returned to:

EWEA 2013 Hotel Secretariat Email: accommodation@eweaevents.org

Tel: +32 2 566 99 46 Fax: + 32 2 779 59 60

Contact name\*

Telephone\*

Fax\*

Email\*

VAT\*

PO

These are the invoicing details. If not, please fill in the table below.

INVOICING DETAILS						
Company	y name		Co	ntact name		
Address			Tel	ephone		
Postal co	ode		Fax	Κ		
City			Em	nail		
Country			VA <sup>-</sup>	Т		
			РО			
*- n	mandatory field	ds				
Colloquium Brussels has been appointed by EWEA as the Official Accommodation Agency for EWEA 2013. In order to satisfy your requests, special rates have been negotiated in a wide selection of hotels, across different categories and at different prices. Every effort will be made to satisfy your group request through customised offers and rapid action.						
In order t	to assist you a	nd to meet your requirements, w	e would	need the follow	ing:	
Arrival Date:						
Departure Date:						
Number of rooms needed per night:						
Room Type:		Hotel Location:				
	Single Room		Near the congress venue			
Do	Double room			Near a metro station		

	Twin Room		In the city centre				
	Superior Room		Airport				
	Junior Suite		No preferences				
	Suite						
Hotel Category:		Hotel Style:					
	5-star hotel		Modern				
	4-star hotel		Design				
	3-star hotel		Standard classic, basic				
	2-star hotel		No preferences				
	No preference						
Max budget in €: (including breakfast, VAT and services)							
Special requirements:							
Please list here below your three preferred hotels, if any:							
1.							
2.							
3.							

SIGNATURE*						
Date		Name in capital letters				
Signature and stamp		Position				