



REGISTRATION FORM

Event: CHRO Association
Date of the event: 13/10/2026 - 14/10/2026

First name:	_____	Last name:	_____
E-mail:	_____		
Phone number:	_____		

In order to make your reservation, we kindly ask you to send us this form before 15-09-26

After this date, the availability of the rooms or the proposed rates, is no longer guaranteed.
Any late reservation request will be treated following availability.

Arrival date : ☐ 13-10-26
Departure date: ☐ 14-10-26

Room type:	<u>Classic</u>	<u>Superior (upon availability)</u>
Rate single occupancy:	☐ 230 EUR per room and per night	☐ 240 EUR per room and per night
Rate double occupancy:	☐ 256 EUR per room and per night	☐ 266 EUR per room and per night

Breakfast: Included in room rate
Our buffet breakfast is served in our restaurant Victor.

City tax: 5,60 EUR per room per night - Not included in room rate

We kindly ask you to provide your credit card number to confirm your reservation.
Please note that bookings without credit card number will not be considered.

Credit card number: _____	Exp. Date: ____/____
Cardholder name: _____	
Signature: _____	

Check-in as from 15h00 / Check-out until 12h00.

Your booking may be cancelled without charge until 10 days prior arrival. Any no-show or cancellation after this time, will be charged in full.

Please send this reservation form to Justine MAZOT H7431-SB1@accor.com

We are looking forward to welcoming you in our hotel!

Groups & Events Department
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Fax: 0032 2 5289801
E-mail: H7431-SB1@accor.com