



Inquiry Form for your meeting quote

Required Fields*

1. General Information

Company Name*

Street*

Zip Code*

City*

Country*

Contact (Surname/Name)*

Email*

Telephone

Tel. Portable

Event Type*

Nbre of participants*

Date of event*

from

to

Exoneration VAT : *

(Click please)

No

Yes

Global Invoice or individual ?

Meeting Rooms

Rooms

Packages

Meal Beverages

Apéritif

Banquet

2. Choose Meeting Rooms

Meeting room set up

Dropdown menu to choose your set up

	U-Shape	Theatre	School	Cocktail
Meeting Room 1	18	35	25	40
Meeting Room 2	18	35	25	40
Meeting Room 3	16	30	20	35
Meeting Room 4	26	40	30	60
Meeting Room 5	10	18	16	20
Meeting Room 6	16	35	25	40
Conference Hall 1	60	100	80	120
Conference Hall 2	60	120	80	150
Conference Hall 3	50	80	60	120
Conference Hall 4	100	200	120	200

Nr pers.

Set up *

Date from:

Date to:

4. Food & Beverage

Nr pers.*

Date from:

Date to:

Welcome Coffee (Coffee or tea, orange juice, croissants)

Half Day Package (Mineral meeting room, 1 coffee break with fruits, pastries and juices, 3 course menu + coffee at our self-service, + equipment)

Full Day Package (Mineral meeting room, 2 coffee breaks with fruits, pastries and juices, 3 course menu + coffee at our self-service, + equipment)

Soft Drink during Meal (Mineral water or soft drink during meal)

Soft Drink and Wine during Meal (Mineral water or soft drink, and wine during meal)

Apéritif / Cocktail (we will contact you if you choose this option)

Business Lunch served at table (we will contact you if you choose this option)

Diner banquet served at table (we will contact you if you choose this option)

5. Guest Rooms

Nr of Rooms*

Date from:

Date to:

Room for 1 pers. with private bathroom

Room for 2 pers. with private bathroom

Room for 1 pers. with shared bathroom

Room for 2 pers. with shared bathroom