

**AADS - Autumn Weekend 2024 - Malle**

**Name:** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_  
M/F \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Other persons**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Payable**

<b>QTY</b>		<b>PRIJS</b>	<b>TOTAAL</b>
_____	persons	210 €	
_____	persons with vegetarian menu (Please include name(s) of vegetarians in	210 €	
_____	diet meal : extra	20 €	
_____	person in single room	236 €	
_____	persons in double room	228 €	
		<b>TOTAL</b>	

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail** the AADS registration form to: aads.vzw@telenet.be  
Or **send** your registration form to AADS, Resedastraat 8, 9920 Lovendegem, Belgium  
and **pay** at the same time into the AADS account  
BNP PARIBAS FORTIS, Warandenberg 3, 1000 Brussel  
IBAN BE82001218540268; BIC code: GEBABEBB

Wil bij betaling steeds het cursusnummer '**C 2024**' vermelden.  
When paying please note the course number '**C 2024**'.

**AADS vzw**  
Resedastraat 8  
B-9920 Lovendegem  
BELGIUM  
aads.vzw@telenet.be  
www.aads.be

