

HOTEL BOOKING FORM

CHAMBRE DES DÉPUTÉS  
LIV COSAC

FROM SUNDAY 29<sup>TH</sup> NOVEMBER 2015 TO WEDNESDAY 2<sup>ND</sup> DECEMBER 2015

Name:	<input type="text"/>	First name:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	City:	<input type="text"/>
Zip Code	<input type="text"/>	Country:	<input type="text"/>
Email	<input type="text"/>	A-Club member:	<input type="text"/>

Arrival date: /11/2015      Departure date: /12/2015      Number of nights:

**Kindly fill in this form in capital letter and fax or email it back to the hotel no later than Monday, 26<sup>th</sup> October 2015.**

*Beyond this date the room allotment will be released and the preferred rate will not be granted):*

**Sofitel Luxembourg Europe 5\* (Ref: CHAM112915)**

4 Rue du Fort Niedergrünwald – L-2015 Luxembourg – [www.sofitel.com](http://www.sofitel.com)  
Fax: +352 26 280 223 - Tel.: +352 24 87 72 06 (Contact: Britta Homann –  
Email: [h5555-re@sofitel.com](mailto:h5555-re@sofitel.com))



- ☐ Single Superior Room at a rate of 245,- € including breakfast  
☐ Double Superior Room at a rate of 265,- € including breakfast

**Please fill in below your credit card details which are mandatory to process your reservation:**

Credit card details:       Expiration date:

Holder's name:

☐ Visa      ☐ Eurocard/Mastercard      ☐ American Express      ☐ Diners

**Attention:** Your reservation may be cancelled or modified with no charge until 6pm (hotel local time) 5 days prior the arrival date. Any modification made within 5 days of the arrival date will be charged on the credit card. Any cancellation made within 5 days prior arrival or non-arrival, the full stay will be charged on the credit card. Payment is on spot upon departure time.

**To be completed by the hotel for your confirmation:**

Reservation confirmation number:	<input type="text"/>
Agent name:	<input type="text"/>
Confirmation date:	<input type="text"/>

