

## HOTEL BOOKING FORM

## CHAMBRE DES DÉPUTÉS

## LIV COSAC

29<sup>TH OF NOVEMBER</sup> UNTIL 2<sup>ND DECEMBER</sup> 2015

Name: Telephone: Address: Zip Code Email		First n Fax: City: Count			
Arrival date:	/11/2015	Departure date:/12	/2015 Nu	mber of nights:	
Please fill in th October 2015(E	is form in capital lette Beyond this date the roo	r and fax or email it bac m allotment will be release	k to the hotel of	f your choice no later than ed rate will not be granted):	<b>26</b> <sup>th</sup>
From the 29 <sup>th</sup> N	ovember to the 1 <sup>st</sup> of [	<u>December</u>			
☐ Novotel Lux	embourg Kirchberg 4*	(Ref: CHD113015)			
Contact: Santiag	iedergrünewald – L-222 Jo Jerry - Email: <u>h1930-</u> 95 - Tel.: +352 42 98 4		otel.com		
		ate of 185€ including buf rate of 200€ including bu			
From the 30 <sup>th</sup> N	ovember to the 2 <sup>nd</sup> of	<u>December</u>			
☐ Novotel Lux	embourg Centre 4* (Re	ef: CHD110815)			
Contact: Service	ratoire – L-1911 Luxemb Groupes Email: <u>h5556</u> 85 55 - Tel.: +352 24 8				
		ate of 215€ including buf rate of 235€ including bu			
Please fill in be	low your credit card d	etails which are mandato	ory to process ye	our reservation:	
Credit care	d details:		Expiration of	date:	
Holder's n	ame:				
☐ Visa	☐ Eurocard/Maste	rcard	Express	Diners	
the arrival date.	Any modification made de within 7 days prior a	e within 7 days of the arr	ival date will be	om (hotel local time) 7 days charged on the credit card. rged on the credit card. Payr	Any
To be complete	ed by the hotel for you	confirmation:			
Reservation con	firmation number:				