

HOTEL BOOKING FORM

Réunion du Groupe de travail de la COSAC

FROM THURSDAY 29TH OCTOBER 2015 TO FRIDAY 30TH OCTOBER 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: /10/2015 Departure date: /10/2015 Number of nights:

Kindly fill in this form in capital letter and fax or email it back to the hotel no later than Thursday, 24th September 2015.

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

Sofitel Luxembourg Europe 5* (Ref: CHAM102915)

4 Rue du Fort Niedergrünwald – L-2015 Luxembourg – www.sofitel.com

Fax: +352 248771 - Tel.: +352 24 87 72 06 (Contact: Britta Homann –

Email: 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:

Agent name:

Confirmation date:

