



HOTEL RESERVATION FORM FOR THE MEETING OF COSAC CHAIRPERSONS

9 February 2005

To make a reservation, please complete this form and send it to fax N° (00352) 466966209 or e-mail to tfigueiredo@chd.lu

Personal details

Country: _____

Parliament: _____

Last name: _____

First name: _____

Telephone: _____ Fax: _____

E-mail: _____

Hotels (please select your hotel from the enclosed hotel list)

First choice : _____

Second choice: _____

Arrival date: _____ Departure date: _____

Single room _____ Double room _____ Smoking _____ Non smoking _____

Additional guest names: _____

Special requests: _____

Credit card details

All hotel reservations need to be guaranteed by a valid credit card. Guests are responsible for payment of all charges at checkout.

American Express _____ Diners _____ Euro/Master _____ Visa: _____

Credit card number: _____ Expiry date: _____ CVC*: _____

* last 3 digits on the back of the card. Only required for Euro/Master and Visa

I understand the terms and conditions stated above.

Name: _____ Date: _____ Signature of the cardholder: _____