

LUXEMBOURG LE GRAND DUCAL

HOTEL BOOKING FORM ADAM & BLESER

FROM FRIDAY, 17TH MARCH 2017 TO SUNDAY, 19TH MARCH 2017

Last Name:			First name:	
Telephone:			Fax:	
Address:			City:	
Zip Code			Country:	
Email			A-Club member:	
Arrival date:	/03/2017	Departure date:	/03/2017	Number of nights:

Please fill in this form in capital letter and fax or email it back to the hotel of your choice no later than Friday, 17th February 2017 (Beyond this date the room allotment will be released and the preferred rate will not be granted):

□ Sofitel Luxembourg Le Grand Ducal 5* (Ref: ADA031717)

40 Bvd d'Avranches – L-1160 Luxembourg – <u>www.sofitel.com</u> Fax: +352 26 480 223 - Tel.: +352 24 87 72 06 (Contact: Britta Homann – Email: <u>h5555-re@sofitel.com</u>)

□ Classic Room for individual use at a rate of 130,- € including breakfast

□ Classic Room for double use at a rate of 150,- € including breakfast



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

Credit card d	etails:	Expira	ation date:	
Holder's nam	e:			
🗌 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 c	onfirm	ation number:	
Agent name:			
Confirmation	date:		