

LUXEMBOURG LE GRAND DUCAL

# HOTEL BOOKING FORM ADAM & BLESER

# FROM FRIDAY, 17<sup>TH</sup> MARCH 2017 TO SUNDAY, 19<sup>TH</sup> 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, 17<sup>th</sup> 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:		