



Hôpital Kirchberg



**HOTEL BOOKING FORM
HOPITAL DU KIRCHBERG
24TH UNTIL 28TH JANUARY 2012**

Name:
Telephone:
Address:
Zip Code:
Email:

First name:
Fax:
City:
Country:
A-Club member:

Arrival date: /01/2012

Departure date: /01/2012

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 23TH December 2011 (Beyond this date the room allotment will be released and the preferred rate will not be granted):

Sofitel Luxembourg Europe 5* (Ref: HOP012212)

4 Rue du Fort Niedergrünwald – L-2015 Luxembourg – www.sofitel.com
Fax: +352 42 50 91 - Tel.: +352 43 77 61 (Contact: Caroline DEL MESTRE –
Email: h1314-re2@accor.com)

- Single Superior Room Special rate: 175€ including breakfast
 Double Superior Room Special rate: 195€ 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: