



**HOTEL BOOKING FORM
INCCI LUXEMBOURG
08TH UNTIL 09TH NOVEMBER 2014**

Name:
Telephone:
Address:
Zip Code:
Email:
Date of Birth:
Place of Birth:

First name:
Fax:
City:
Country:
A-Club member:
Passport N°:

Arrival date: /11/2014

Departure date: /11/2014

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 29TH September 2014 (Beyond this date the room allotment will be released and the preferred rate will not be granted however the hotel will make every attempt to offer these rates if there is still availability):

Novotel Luxembourg Centre 4* (Ref: INC110814)

35 Rue du Laboratoire – L-1911 Luxembourg – www.novotel.com
Contact: Emmanuelle Lorentz - Email: h5556-sb@accor.com
Fax: +352 24 87 85 55 - Tel.: +352 24 87 81



- Single Novation room at daily rate of 85.-€ including buffet breakfast
 Double Novation room at daily rate of 95.-€ including buffet 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) 7 days prior the arrival date. Any modification made within 7 days of the arrival date will be charged on the credit card. Any cancellation made within 7 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: