

LUXEMBOURG LE GRAND DUCAL

# HOTEL BOOKING FORM Luxembourg Young Bar Association

## FROM THURSDAY, 7<sup>TH</sup> JUNE 2018 TO SUNDAY, 10<sup>TH</sup> JUNE 2018

Last Name:			First name:	
Telephone:			Fax:	
Address:			City:	
Zip Code			Country:	
Email			A-Club member:	
Arrival date:	/06/2018	Departure dat	re: //06/2018	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 Sunday, 20<sup>th</sup> May 2018.

Beyond this date the room allotment will be released and the preferred rate will not be granted:

#### Sofitel Luxembourg Le Grand Ducal 5\* (Ref: LUX060718)

40 Bvd d'Avranches - L-1160 Luxembourg Fax: +352 26 280 223 Tel.: +352 24 87 72 49 www.sofitel.com (Contact: Steffen Alderson – Email: h5555-re2@sofitel.com)



## On Thursday, 7<sup>th</sup> June 2018:

□ Classic Room for single use at a rate of 195,- €per night, including breakfast

□ Classic Room for double use at a rate of 215,- €per night, including breakfast

## On Friday, 8<sup>th</sup> and Saturday, 9<sup>th</sup> June 2018:

□ Classic Room for single use at a rate of 100,- €per night, including breakfast □ Classic Room for double use at a rate of 120,- €per night, 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: Eurocard/Mastercard

□ Visa

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:			

