

HOTEL BOOKING FORM

CHAMBRE DES DÉPUTÉS

CONFÉRENCE INTERPARLEMENTAIRE POUR LA PESC ET LA PSDC

5TH UNTIL 7TH SEPTEMBER 2015

Name: Telephone: Address: Zip Code Email			First name: Fax: City: Country: A-Club membe	r:	
Arrival date:	/09/2015	Departure date:	/09/2015	Nur	mber of nights:
<u>Please fill in this form in capital letter and fax or email it back to the hotel of your choice no later than 1st</u> August 2015 (Beyond this date the room allotment will be released and the preferred rate will not be granted):					
Novotel Luxembourg Kirchberg 4* (Ref: CHD090515)					
6 Rue du Fort Nic Contact: Santiag	edergrünewald – L-22 o Jerry - Email: <u>h1930</u> 95 - Tel.: +352 42 98	26 Luxembourg – <u>v</u>)- <u>re@accor.com</u>	•		
Single Superior room at daily rate of 145€ including buffet breakfastDouble Superior room at daily rate of 160€ including buffet breakfast					
☐ Suite Novotel Luxembourg 4* (Ref: CHD090515)					
6 Rue du Fort Niedergrünewald – L-2226 Luxembourg – www.novotel.com Contact: Santiago Jerry - Email: h1930-re@accor.com Fax: +352 43 91 95 - Tel.: +352 42 98 48					
	Suite room at daily rat Suite room at daily ra				
Please fill in below your credit card details which are mandatory to process your reservation:					
Credit card	l details:		Exp	oiration o	date:
Holder's na	ame:				
☐ Visa	☐ Eurocard/Mas	tercard	merican Express] Diners
the arrival date.	Any modification made within 7 days prior	de within 7 days o	f the arrival date	will be	om (hotel local time) 7 days prior charged on the credit card. Any rged on the credit card. Payment
To be complete	d by the hotel for you	ur confirmation:			
Reservation conf Agent name: Confirmation date	firmation number:				