

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 member:	
Arrival date:	/09/2015	Departure date:	/09/2015	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 1st August 2015(Beyond this date the room allotment will be released and the preferred rate will not be granted):				
_	embourg Kirchberg			<u>петентей таке will посые granted).</u>
6 Rue du Fort N Contact: Santiag	iedergrünewald – L-22 go Jerry - Email: <u>h193</u> 95 - Tel.: +352 42 98	226 Luxembourg – <u>v</u> 0-re@accor.com	•	
	Superior room at daily Superior room at dail			
☐ Suite Novotel Luxembourg 4* (Ref: CHD090515)				
Contact: Santiag	iedergrünewald – L-22 go Jerry - Email: <u>h193</u> 95 - Tel.: +352 42 98	0-re@accor.com	vww.novotel.com	
	Suite room at daily ra Suite room at daily ra			
Please fill in be	low your credit card	details which are	mandatory to prod	cess your reservation:
Credit care	d details:		Ехрі	ration date:
Holder's n □ Visa	ame: Eurocard/Mas	stercard \(\sigma \) A	merican Express	☐ Diners
Attention: Your the arrival date.	reservation may be a Any modification made within 7 days prior	cancelled or modified	ed with no charge of the arrival date v	until 6pm (hotel local time) 7 days prior will be charged on the credit card. Any be charged on the credit card. Payment
To be complete	ed by the hotel for yo	our confirmation:		
Reservation con Agent name: Confirmation date	firmation number:			