



**HOTEL BOOKING FORM**  
**CRP HENRI TUDOR**  
**14<sup>TH</sup> UNTIL 19<sup>TH</sup> NOVEMBER 2015**

Name:   
Telephone:   
Address:   
Zip Code:   
Email:

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

Arrival date: /11/2015

Departure date: /11/2015

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 05<sup>th</sup> October 2015** *(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):*

☐ **Suite Novotel Luxembourg 4\* (Ref: CRP111415)**

6 Rue du Fort Niedergrünwald – L-2226 Luxembourg – [www.novotel.com](http://www.novotel.com)

Contact: Marylou Marchese - Email: [h1930-re@accor.com](mailto:h1930-re@accor.com)

Fax: +352 43 91 95 - Tel.: +352 42 98 48

- ☐ Single Suite room at daily rate of 219.-€ including buffet breakfast  
☐ Double Suite room at daily rate of 234.-€ 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: