

HOTEL BOOKING FORM ESU Technology Forum

From THURSDAY, 12TH SEPTEMBER 2019 to SUNDAY, 15TH SEPTEMBER 2019

Name:	First name:	
Telephone:	Fax:	
Address:	City:	
Zip Code	Country:	
Email	A-Club member:	
Arrival date: /09/2019 De	parture date: /09/2019	Number of nights :
Please fill in this form directly through excel and email it back to the hotel of your choice no later than:		
Thursday, August 1st 2019		
Beyond this date the room allotment will be released and the preferred rate will not be granted		
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Sofitel Luxembourg Europe 5* (Ref: ESU091219) 4 Rue du Fort Niedergrünewald – L-2015 Luxembourg – www.sofitel.com Fax: +352 26 48 02 23 - Tel.: +352 24 87 72 49 (Contact: Claire Pierret – Email: h5555-re2@sofitel.com) Superior Room Single occupancy: 210€ per night including breakfast Double occupancy: 230€ per night including breakfast		
Double occupancy : 230€ 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:		
Visa Eurocard/Mastercard 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:		
<u> </u>		
Reservation confirmation numbe		
Agent name:		
Confirmation date:		