

HOTEL BOOKING FORM  
UNION EUROPEENNE DES AVOCATS

Form FRIDAY, 22ND NOVEMBER 2019 to SUNDAY, 24TH NOVEMBER 2019

|               |                               |                 |                               |                    |                      |
|---------------|-------------------------------|-----------------|-------------------------------|--------------------|----------------------|
| Name:         | <input type="text"/>          | First name:     | <input type="text"/>          |                    |                      |
| Telephone:    | <input type="text"/>          | Fax:            | <input type="text"/>          |                    |                      |
| Address:      | <input type="text"/>          | City:           | <input type="text"/>          |                    |                      |
| Zip Code      | <input type="text"/>          | Country:        | <input type="text"/>          |                    |                      |
| Email         | <input type="text"/>          | A-Club member:  | <input type="text"/>          |                    |                      |
| Arrival date: | <input type="text"/> /11/2019 | Departure date: | <input type="text"/> /11/2019 | Number of nights : | <input type="text"/> |

**Please fill in this form directly through excel and email it back to the hotel of your choice no later than Tuesday 12th November 2019**

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

**Sofitel Luxembourg Le Grand Ducal 5\* (Ref: UNI112219)**

40 Bvd d'Avranches – L-1160 Luxembourg

Fax: +352 26 48 02 23 Tel.: +352 24 87 72 49

[Contact: Claire Pierret – Email: h5555-re2@sofitel.com](mailto:h5555-re2@sofitel.com)



Classic Room Special rate: 135€ per night excluding breakfast

For your information, our Great American Breakfast Buffet is at 31€ per day and per person.

**Please fill in below your credit card details which are mandatory to process your reservation:**

|                               |  |   |                                 |
|-------------------------------|--|---|---------------------------------|
| Credit card details:          | <input type="text"/>                         | Expiration date:                          | <input type="text"/>            |
| Holder's name:                | <input type="text"/>                         |   |                                 |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Eurocard/Mastercard | <input type="checkbox"/> American Express | <input type="checkbox"/> 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 confirmation number: | <input type="text"/> |
| Agent name:                      | <input type="text"/> |
| Confirmation date:               | <input type="text"/> |

