



**HOTEL BOOKING FORM  
INDUSTRIALL  
03<sup>RD</sup> UNTIL 04<sup>TH</sup> NOVEMBER 2014**

Name:   
Telephone:   
Address:   
Zip Code:   
Email:

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

Arrival date: /11/2014

Departure date: /11/2014

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 06<sup>th</sup> October 2014 (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):**

**Novotel Luxembourg Kirchberg 4\* (Ref: IND110314)**

6 Rue du Fort Niedergrünwald – L-2015 Luxembourg – [www.novotel.com](http://www.novotel.com)

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

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

- Single Novation room at daily rate of 140.-€ including buffet breakfast  
 Double Novation room at daily rate of 155.-€ 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: