

HOTEL BOOKING FORM
PAGEANT MEDIA
FROM MONDAY 10TH NOVEMBER 2014 TO WEDNESDAY 12TH NOVEMBER 2014

Name: First name:
Telephone: Fax:
Address: City:
Zip Code Country:
Email 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 **Wednesday 29th October 2014 (Beyond this date the room allotment will be released and the preferred rate will not be granted):**

Sofitel Luxembourg Europe 5* (Ref: PAG121014)

4 Rue du Fort Niedergrünwald – L-2015 Luxembourg – www.sofitel.com
Fax: +352 24 87 72 06 - Tel.: +352 26 480 223 (Contact: Elodie Duren – Email: H5555-RE@sofitel.com)

- Single Superior Room Special rate: 210€ including breakfast
 Double Superior Room Special rate: 230€ including breakfast

The room type will be allocated to the guest upon availability.

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:

Reservation confirmation number:
Agent name:
Confirmation date: