University of Luxembourg 919154

From the 16th to the 22nd September 2018

Name:		First name:	
Telephone:		Fax:	
Address:		City:	
Zip Code		Country:	
Email		A-Club member:	
Arrival date	Departure date:		Number of nights:
Please fill in this form in capital letter and fax or email it back to the hotel no later than the 05/09/2018 (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):			
Ibis Esch Belval 3*			
12 Avenue du Rock'n Roll– L-4361 Esch/Alzette – <u>www.ibis.com</u>			
Email: h7071@accor.com			
Fax: +352 26 17 31 01 - Tel.: +352 26 17 31			
☐ Single room at 92€ per night including buffet breakfast			
☐ Double room at 107€ per night 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 n	ame:		
☐ Visa	☐ Eurocard/Mastercard ☐ A	merican Express	Diners
Attention: Your	reservation may be cancelled or modified	with no charge until 2	nm (hotal local time) 7 days prior the
arrival date. Any	modification made within 7 days of the arriays prior arrival or non-arrival, the full stay	val date will be charge	d on the credit card. Any cancellation
To be completed by the hotel for your confirmation:			
Reservation confirmation number:			
Agent name:			
Confirmation dat	re:		