

HOTEL BOOKING FORM

EUROSKÅL in connection with SKAL Germany's 31st President and Secretary Meeting

FROM FRIDAY, 22ND TO SUNDAY, 24TH SEPTEMBER

Name:	First name:	
Telephone:	Fax:	
Address:	City:	
Zip Code	Country:	
Email	A-Club member:	
Arrival date:/09/2017 Departure date:/09/2017 Number of nights: Please fill in this form in capital letter and fax or email it back to the hotel no later than Friday, 11 th August 2017. Beyond this date the room allotment for this event will be released and the preferred rate will be on availability		
only):		
Sofitel Luxembourg Europe 4 Rue du Fort Niedergrünewald L-2015 Luxembourg http://www.sofitel.com/gb/hotel-1314-sofitel-luxemboureurope/index.shtml Email: h5555-re2@sofitel.com Ph.: +352 24 87 72 06 Fax: +352 26 48 02 23 Contact: Steffen Alderson	rg-	
☐ Single Superior Room☐ Double Superior Room☐ Double Superior Room☐ Special rate: 105€ including buffet breakfast☐ Special rate: 120€ 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:	<u> </u>	
	merican Express] Diners
Attention: Your reservation may be cancelled or mod prior the arrival date. Any modification made within 5 days prior arrival or no Payment is on spot upon departure time. To be completed by the hotel for your confirmation	ays of the arrival date wi n-arrival, the full stay wi	Il be charged on the credit card.
Reservation confirmation number: Agent name: Confirmation date:		

