

HOTEL BOOKING FORM MINISTERE DE L'EDUCATION 24 TH UNTIL 26TH SEPTEMBER 2017



Name:	First Name
Telephone:	Fax:
Address:	City:
Zip Code	Country:
Email:	AClub Number
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 Monday, August 14th	
2017 (Beyond this date the room allotment will be released and the preferred rate will not be granted).	
Novotel Luxembourg Kirchberg 4* (Ref:BRA090717)	
Rue du Fort Niedergruenewald – L-1911 Luxembourg – www.novotel.com Contact: Group Contact - Email:	