



FORMULAIRE DE RESERVATION CONTINGENT GROUPE

NAME OF THE GUESTS:

NAME OF THE COMPANY:

RESERVATION CODE: Tech_SWLux2012

RATE PER NIGHT:

ARRIVAL: / / DEPARTURE: / /

ROOMS:

- Single
- Double

If you arrive after 7:00 PM, we need a credit card number to guarantee your late arrival

CREDIT CARD NUMBER:

VALID UNTIL:

CVC:

You can send us this form by mail at H7071@accor.com or by fax 00352 26 17 31 01

Signature: