

For your reservation, please contact:

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SRR – REF 1171225

LUXEMBOURG INSTITUTE OF HEALTH

From the 15/10/17 to the 19/10/2017 PARC BELLE – VUE

Please send this form by fax or e-mail before the 02/10/17

Rates are valid on request and upon availability.

Mr.  Mrs. Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company: \_\_\_\_\_

Town-Country: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport number: \_\_\_\_\_

Date of Arrival: 15/10/2017 Date of Departure: 19/10/2017 Arrival Time: \_\_\_\_\_

**Hotel Parc Belle-Vue\*\*\*** (... rooms are available)

155 € in a standard single room

Parking – 25 € for the hotels Parc Belle-Vue

All above mentioned net rates are per night and per room, breakfast buffet, service and all applicable taxes included.

Credit Card:  MasterCard  Visa  American Express  Diners Club

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_ Card Owner: \_\_\_\_\_

**Reservation Conditions:** Free cancellation/modification possible until the **06/10/17** In case of any cancellation/modification after the **06/10/17** or in case of any no-show without cancellation, we will charge the entire stay. We do not accept cancellations by phone; please cancel your reservation by fax or e-mail. Your booking is only binding by indicating the number of your credit card and the expiration date with CVC code.

Date & Signature.....Hotel Confirmation