

HOTEL BOOKING FORM ICCA

From Sunday, 1st November 2020 to Wednesday, 4th November 2020

Name:			First name:	
Telephone:			Fax:	
Address:			City:	
Zip Code			Country:	
Email			A-Club member:	
Arrival date:	/11/2020	Departure date:	/11/2020	Number of nights :
		y through excel a	nd email it back to the h	notel of your choice no later than
17th October 2020 Beyond this date the room allotment will be released and the preferred rate will not be granted				
<u>Deyona tins aa</u>	ite the room anoti	Herit Will be released	<u>a and the preferred rate w</u>	mi not be granted
Mama Shelte	r Luxembourg			
2 Rue du Fort Niedergrünewald – L-2226 Luxembourg Fax: +352 26 48 02 23 - Tel.: +352 24 87 72 49 Contact: Reservation department - luxembourg@mamashelter.com				
	edium Mama edium Mama	•	per night including breakf per night including breakf	
Please fill in	below your cred	<u>it card details whi</u>	ch are mandatory to pro	ocess your reservation:
Credit card de	tails:		Expiration date:	
Holder's name	:			
Visa	Eurocard/I	Mastercard	American Express	Diners
the arrival dat cancellation m Pavment is on To be comple	e. Any modificatio ade within 7 days spot upon depart	n made within 7 day prior arrival or non- ure time. for your confirma	s of the arrival date will be arrival, the full stay will be	il 2pm (hotel local time) 7 days prior e charged on the credit card. Any e charged on the credit card.
Agent name:				
Confirmation d	late:			=