



## **FORMULAIRE DE RESERVATION CONTINGENT GROUPE**

**NAME OF THE GUESTS:**

**NAME OF THE COMPANY:**

**RESERVATION CODE:** Fondation Restena

**RATE PER NIGHT:** 106€

**ARRIVAL:** 23-11-2015 **DEPARTURE:** 25-11-2015

**NUMBER OF ROOMS:**

**CREDIT CARD NUMBER:**

**VALID UNTIL:**

**CVC:**

You can send us this form by mail at [H7071@accor.com](mailto:H7071@accor.com) or by fax 00352 26 17 31 01

**Signature:**