



## HOTEL GROUP REQUEST / 5 ROOMS & MORE

### Group Details

Name of group: \_\_\_\_\_

Company, Organization or Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Name of group contact: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### Estimated Accommodation Needs

June 2015	Thu 04	Fri 05	Sat 06	Sun 07	Mon 08	Tue 09	Wed 10	Thu 11
Single room								
Double room								
Twin bedded room								
<b>Number total of rooms required</b>								

Please select the requested category: \_\_\_ 2\* \_\_\_ 3\* \_\_\_ 4\* \_\_\_ 5\*

Please indicate the budget per night and per room: \_\_\_\_\_ €

### Please Complete And Return This Form To:

Live! By GL events – Laetitia Clavel – [isakos2015@gl-events.com](mailto:isakos2015@gl-events.com)

