ABC-WIN seminar

Since 1980

Val d'Isère

16th-21st January 2011

HOTEL ACCOMMODATION FORM

Mr ❑ Mrs ❑ Miss ❑

SURNAME *: .....First Name :.....*

Institute/ Hospital :.....

Address :.....

.....

Post Code : .....City :.....Country:.....

Phone : .....Fax : .....E-mail :.....

HOTEL ACCOMMODATION

Arrival date : _____ ***Departure date :*** _____ ***Number of nights :*** _____

(A minimum stay of 6 nights allows more hotel availability)

Type of room : ☐ ***Single*** ☐ ***Double (1 big bed)*** ☐ ***Twin (2 single beds)***

HOTEL	Single	Double or Twin	Deposit Amount
☐ 2*	170 / 185 €	200 / 220 €	**490 €+ Reservation fees 10 €**
☐ 3*	150 / 285 €	210 / 400 €	
☐ 4*	230 / 400 €	280 / 636 €	
☐ 5*	645 / 1025 €	730 / 1110 €	**TOTAL : 500 €**

***Please note** : in most of the hotels, the half board must be taken.*
As soon as we receive your registration form, we will send you confirmation of your reservation with the total balance of your stay including the local tax and the name of your hotel .

***RESERVATION AND CANCELLATION TERMS** : The total amount of your stay will have to be paid one month before arrival at the latest. In the event of cancellation, no deposit refund is possible. As from December 10th 2010, the total accommodation price is due and not refundable.*

PAYMENT BY CREDIT CARD

I, the undersigned, M. ……., authorize SEM SOGEVALDI to debit the sum of …… €
on my credit card . (Visa, Eurocard and Mastercard only)

Expiration date: ……/……

Date :_____ ***Signature :***

Cryptogram : the last 3 digits on the back of your card : | | | |

FORM TO BE RETURNED WITH YOUR PAYMENT TO :
Frédéric CRETIN / Marlène PIZZINATO
CENTRE DE CONGRÈS ET DE SÉMINAIRES HENRI OREILLER
BP 228 - 73150 - VAL D'ISERE- France
Phone : 33 (0)4 79 06 21 23 /Fax : 33 (0)4 79 06 19 04
Email : abcwin@valdisere-congres.com
Web site : http://www.valdisere-congres.com
Organisme local de tourisme autorisé par arrêté préfectoral sous le N° AU 073.96.0006

Val d'Isère
RÉSERVÉE À CEUX QUI EN RÊVENT
VAL D'ISÈRE. NOT JUST A DREAM