DOCTORSUPDATES 2009
March 8th-12th 2009
Convention Centre, Val d'Isère, France

Accommodation form

Title : Dr/Mr/Mrs/Ms/Other
Last NAME : .....First Name :.....
Institute/ Hospital :.....

Address :.....

.....

City :..... Postal Code : ..... Country :.....

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

Please don't forget your E- mail address in order to receive all the information you need

● **Accommodation**

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

A minimum stay of 6 nights will give you more availability in hotels.

Type of room in half board ☐ **Single** ☐ **Double** ☐ **Twin**

HOTEL	Single Price per room/Night	Double Price per room/Night	Deposit
☐ 2*	129/153 €	198/220 €	
☐ 3*	146 / 242 €	256 / 376 €	**490 €**
☐ 4*	292 / 332 €	390 / 511 €	
☐ 4* luxe	500 / 935 €	550 / 1012 €	**+ Reservation fees 10 €**

TOTAL : 500 €

As soon as we will receive this registration form, we will send you the reservation's confirmation with the total balance of your stay including the local tax and the name of your hotel .

● **Payment**

Could be done on line with secured payment on www.valdisere-congres.com or be returned :

I, the undersigned, M. _____ , authorize SEM SOGEVALDI to debit the sum of **500 €**
on my credit card . (Visa, Eurocard and Mastercard only)

Expiration date: ……/ ……

Cryptogram : the last 3 digits on the back of your card / Cryptogramme : les 3 derniers figurant au dos de votre carte bancaire

Whatever the date of cancellation, the deposit will be kept.
From February 1st 2009 : No refund will be possible (100% of the whole stay is kept).

Date : **Signature :**

PLEASE RETURN THE FORM TO :

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 /
E.mail :doctorsupdates@valdisere-congres.com
Site: : www.valdisere-congres.com
Organisme local de tourisme autorisé par arrêté préfectoral sous le N° AU 073.96.0006