3rd Advanced Course On Knee Surgery
January 17th- 22nd 2010
Convention centre, Val d'Isère, France

Accommodation Form

Last NAME: .....First Name:.....…….....….

Institute/ Hospital:.....…….....

Address:.....…….....

.....……...

Zip Code: .....City:……Country:……...…….

Phone: ..... Fax: ..... Email..……..……@.....…..……...……

Please don't forget your E- mail address in order to get all 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	Double Price per room	Deposit
☐ 2*	129/153 €	198/220 €	**490 €**
☐ 3*	132 / 242 €	256 / 376 €	
☐ 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 December 10th : No refund will be possible (100% of the whole stay is kept).

Date: **Signature:**

RETURN THE FORM TO:

3rd Advanced Course on Knee Surgery

CENTRE DE CONGRÈS ET DE SÉMINAIRES HENRI OREILLER

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E.mail: knee2010@valdisere-congres.com
Site: www.kneecourse.com or www.valdisere-congres.com
Contacts: Frédéric CRETIN/ Emmanuelle BOUDGHENE
Organisme local de tourisme autorisé par arrêté préfectoral sous le N° AU 073.96.0006