



PARTICIPANT: Please use capital letters to fill in this accommodation form – This form is for 1 person only Mr Mrs Ms NAME EMAIL @ Image: Country ADDRESS POST CODE CITY COUNTRY

The collected data are subject to IT processing dedicated to the treatment of your hotel booking within the framework of the mentioned congress. Partial information (name, surname, type of room, check-in and check-out date, guarantee), will be transmitted to the selected hotel.

Choice 1	Choice 2	Hotels suggested	□ Single (1)	Double ou Twin(1)	Check In Date	Check Out Date	Number of nights
		AT HOME APPART HOTEL ***	77,90 €	114,80 €	/06/13	/06/13	
		HOTEL KYRIAD CENTRE ***	85,90 €	95,80 €	/06/13	/06/13	····

Special Requirements:



GUARANTEE:

The booking will be guaranteed by your credit card and KRIS EVENTS do not apply any charge. The entire stay will be paid directly to the hotel upon check out time.

Visa/Eurocard/Mastercard	American Expres	s Diners	Diners	
I, the undersigned, forward my credit card details	s here mentioned to the hotel in or	(Name of the card hold der to confirm and guarantee the booking	er) allow KRIS EVENTS to :	
N°		Expiry Date / Month / Year	CVC Code*	
	Card Verification Code: 3 digit	ts for Visa on the back of the visa card (4	digits for American Express)	
Date / S	ignature :			

CANCELLATION POLICY:

The booking will be confirmed by return mail. From this date, the booking guaranteed by credit card will be firm and final.

For any cancellation received after *June 10th*, *2013*: 100 % penalty and no-show charged. In case of non-compliance of the cancellation policy, any penalty for this modification will be automatically charged by the hotel on the credit card here mentioned.

• I understand that by signing this form, I accept the above conditions and payment terms.

To send back by email before 10th June 2013 to:

Date & Signature:

