



ACCOMMODATION FORM

☐ Mr ☐ Mrs ☐ Ms NAME			FIRST NAME		
EMAIL	@	<u>~</u>	<u> </u>		
ADDRESS			POST CODE		
CITY		COUNTR	Y		
	o IT processing dedicated to the tate, guarantee), will be transmitted		ng within the framework o	of the mentioned congress	s. Partial information (name, surname, type
HOUSING: Please ind	licate IMPERATIVELY your o	choice- Request will be on	a first come first serv	ved basis	
Check In:	July 2017	Check Out : July	2017 N	umber of nights :	
Please specify	y your Hôtel preference :				
Choice N° :	Hôtel Côté Thalasso	***	_ Double 144 €	15 minutes walkin	g to congress location
Choice N° :	Hôtel Les Elmes ***	☐ Single 143 €	_ Double 155 €	17 minutes walkin	g to congress location
	(1) The a	above rates are per room,	for 1 night, including	ı breakfast & VAT.	
GUARANTEE:					
The booking will be guara	anteed by your credit card	and KRIS EVENTS de	o not apply any cha	irge. The entire stay	will be paid directly to the hotel
☐ Visa/Eurocard/Master	card Ame	rican Express	Diners		
	nentioned to the hotel in o				w KRIS EVENTS to forward my
N° III		Expiry Da	nte	Cvc	Code
			Da	te /	Signature:
CANCELLATION	POLICY:				
For any cancellation receive	ed by return mail. From this d d after <i>June 10 th,2017</i> : 100 of the cancellation policy, any	% penalty and no-show of	harged.		el on the credit card here mentioned.
♦ I understand that	t by signing this form, I acc	ept the above condition	s and payment term	ıs.	
		To send back	t by email before 10 ^t	^h June 2017 to:	
Date & Signature :					
		Les Daus		OUL Christophe O AURIAC SUR VENI Email : <u>contact@kris</u>	

1