

Hotel Registration Form

Please fill in one form per participant

Dr.
 Prof.
 Mrs
 Ms
 Mr

Surname:

First name:

Company:

Address:

Zip code: Town:

Country: State:

(Please, include country code and area code)

Phone number: ++ Mobile: ++

Fax: ++

E-Mail address:

ACCOMPANYING PERSON

Surname: First name:

A – ACCOMMODATION

I wish to reserve room(s)

Single
 Double
 Twin
 Studio single
 *On request to Voyages C. MATHEZ

Arrival date: Departure date: (Nb of nights:)

Particular request:

Hotel and Category 1st Choice:

Hotel and Category 2nd Choice:

Hotel and Category 3rd Choice:

(Please select a second & a third choice if the first one is not available)

Important Note:

Your credit card is required to secure booking.

Accommodation will be confirmed upon receipt of a minimum deposit of **1 night for a stay**.

No hotel reservation will be considered if received without corresponding deposit.

A confirmation letter (fax or email) will follow with all relevant details of your reservation.

The deposit will be deducted from the hotel bill upon departure.

The list of the hotels will be sent upon request.

On site at your hotel, your credit card will be required to guarantee any extra services and may be charged for any early departure.

Cancellation Policy

All cancellations and modifications must be made in writing.

No refund of deposit will be made for any cancellation (including no-show) or modification of stay made from 10th April 2009.

Upon arrival, the hotel will ask for your Credit card. In case of earlier departure or later arrival, the card can be charged for the total amount of nights reserved. For any no show, the total amount of nights reserved will be charged.

TOTAL DEPOSIT TO BE PAID FOR THE ACCOMMODATION = Room rate per night x 1 night(s)

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Bank check in Euro issued to Voyages C. MATHEZ enclosed
All bank charges must be paid by the participant

VISA – MASTERCARD :

Please send to VOYAGES C. MATHEZ your authorisation and credit card number

I hereby authorise Voyages C. MATHEZ to debit my credit card number :

Card holder's name:

Credit card number: Expiration Date: /

Card Security Code: *(last three digits printed on the signature strip on the back of the card)*

Signature :

Please return your Accommodation Form **BEFORE 27th April 2009** to:

VOYAGES C.MATHEZ

LAURENCE BERTHELIER

35 COURS PIERRE PUGET - 13006 MARSEILLE

TEL : + 33 (0) 4 96 10 24 81 - FAX: + 33 (0) 4 96 10 24 82

E-mail: Laurence.Berthelier@matheztravel.com