

ACCOMMODATION FORM



PARTICIPANT:		Please use capital letter	s to fill in this accommodation form – This form is for	1 person only		
🗌 Mr 🗌 Mrs 🗌 Ms	NAME		FIRST NAME			
EMAIL		<u>@</u>	a :			
4000000			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.

HOUSING:

Request will be on a first come first served basis

Tick the boxes of your choice- Please indicate IMPERATIVELY your choice

		Check In : October	2015		
		Check Out : October	2015		PLA 2 JOURDAIN PLOF
		Number of nights:			LIEUNOPE PL'A P AL Charles Rue S
Choice 1	Choice 2	Hôtels suggested	□Single (1)	Double	Boulevard administrative of TERCERETTES Gramat PLACE P
		1-MERCURE ATRIA ****	170€	170€	BOUND SA PLACE SANTSERVIN, STRENARD BARC 5 AUG
	۵	2-NOVOTEL COMPANS	150€	160€	Saint-Sernin R. Bettegarde
		3-DE BRIENNE ****	140€	160€	Bibliotheque s
۰	۰	4-IBIS CENTRE ***	115€	125€	Billion Perigora Peri
•		5-CLOCHER DE RODEZ ***	121€	131€	Barcelone B Sociales PL AND I TO DE SOCIALES PLANT IN THE DESCRIPTION OF TH
		6-NOVOTEL WILSON	170€	180€	iers ^{Orlenne} Clocher des Vorte-Dame-S
	۵	7-CITIZ ****	140€	160€	Saint-Pierre- des-Chartreux Saint-Pierre- des Chartreux Saint-Pierre- des Chartreux Saint-Pierre-
(1)	The ab	ove rates are per room, for	1 night, including	breakfast	des-Cuisines Ru ^B Pargaminières R. Rom ^{Bull} MARE DU CAPITOLE CENTER Capitole CENTER Capitole
Special	require	ements :			

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 Express	Diners
I, the undersigned,		_(Name of the card holder) allow KRIS EVENTS to forward my
credit card details here mentioned to the h	otel in order to confirm and guarantee	e the booking:

N°	Expiry Date 🚺 / 🚺	CVC Code*				
	Month / Year					

Card Verification Code: 3 digits for Visa on the back of the visa card (4 digits for American Express)

Date

/ Signature :

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 **September 15th**, **2015**: 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 15th September 2015 to:

Date & Signature:

 KRIS EVENTS – BASCOUL Christophe

 Les Daussets Levants – 31460 AURIAC SUR VENDINELLE

 21: +33 6 15 93 22 82
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 Email : <u>contact@kris-events.com</u>

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