

**Registration Form**  
**Hotel Campanile Nice centre Acropolis**  
**Gaia Symposium**  
**From 23<sup>rd</sup> to 28<sup>th</sup> April 2017**



Please return this document to the hotel:  
By fax = 04 93 26 00 34 or by e-mail = [hotel-campanile-nice@wanadoo.fr](mailto:hotel-campanile-nice@wanadoo.fr)

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**CONTACT INFORMATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Surname: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

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**STAY**

Date of arrival: \_\_\_\_\_ Date of departure: \_\_\_\_\_  
I want to book: (please indicate the number of rooms you would like to book – **subject to availability**)  
\_\_\_\_\_ **single** room at congress rate **73,50€** per night  
\_\_\_\_\_ **double** room with double bed at congress rate **85€** per night  
\_\_\_\_\_ **twin** room with separate bed at congress rate **85€** per night  
(Breakfast and city tax included)

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**DEPOSIT AND BOOKING GUARANTEE:**

I authorize the *Hotel Campanile Nice Centre Acropolis*, located at 58 bd Risso, 06300 NICE to charge the following credit card number: (MasterCard, Visa and American Express accepted)

\_\_\_\_\_ / \_\_\_\_\_  
Expiry date: \_\_\_\_\_ / \_\_\_\_\_ Holder's name: \_\_\_\_\_

The amount of ..... corresponding to the total amount of the stay.

**The hotel will charge 50% as a deposit and the balance 10 days before the arrival.**

Date: \_\_\_\_\_ Signature:

**Cancellation terms:**

- |                                      |                              |
|--------------------------------------|------------------------------|
| 1) Less than 15 days:                | NO REFUND                    |
| 2) between 16 and 30 days:           | REFUND OF 50% OF THE DEPOSIT |
| 3) More than 30 days before arrival: | TOTAL REFUND                 |

**IMPORTANT:**

In all cases, the cancellation should be confirmed in writing.

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I need a confirmation of my booking.

Feel free to contact us for further information.