# 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 = <u>hotel-campanile-nice@wanadoo.fr</u>

#### CONTACT INFORMATION

Name:

Email:

Surname:

Cell phone number:

### 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)

# 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)

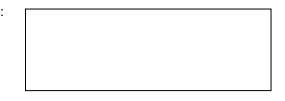
Expiry date: \_\_\_\_\_ / \_\_\_\_ Holder's name: \_\_\_\_\_

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: 2) between 16 and 30 days:

3) More than 30 days before arrival:

NO REFUND REFUND OF 50% OF THE DEPOSIT TOTAL REFUND

IMPORTANT :

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

I need a confirmation of my booking.

Feel free to contact us for further information.