

HOTEL RESERVATION FORM



Please mail or fax to

VISTA
EURO-PDT 2008
9 rue Henri Martin
92772 Boulogne Billancourt Cedex
France
Tel. : +33 (0)1 46 43 33 42
Fax : +33 (0)1 46 24 88 38
Email : europdt2008@vista-fr.com

8th EURO-PDT
Annual Congress

7th-8th March 2008
Hotel AC Barcelona, Barcelona, Spain

DELEGATE

Title		
Last Name		First Name
Institution/Company		
Address		
Zip	City	Country
Phone		Fax
Email		

ACCOMPANYING PERSON

Last Name	First Name
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HOTEL AC BARCELONA RESERVATION (2-night minimum stay)

Date of arrival	Date of departure	
Single occupancy room with breakfast (per room, per night)	180 €	
Double occupancy room with breakfasts (per room, per night)	200 €	
		X ___ nights
<div style="border: 1px solid black; padding: 5px; text-align: center;">Hotel AC Barcelona**** Passeig Taulat, 278 - 08019 Barcelona, Spain www.ac-hotels.com</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">TOTAL</div>

HOTEL CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions :

- . There is a **2-night minimum stay**
- . **Until 1st January 2008, 50% refund**
- . **After 1st January 2008, no refunds will be issued**
- . **All refunds will be processed after the meeting**

I have read and accept the hotel cancellation policy

Signature

PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT 2008 to :

Banque OBC - 3 avenue Hoche - 75008 Paris, France

Bank code : 14978 - Sort code : 00100 - Account n° 01220780018 - Key 78 - IBAN : FR76 1497 8001 0001 2207 8001 878 - BIC : NSMEFRPPXXX
(copy of bank transfer must be sent along with registration/hotel reservation form)

By credit card Visa Eurocard/Mastercard

Cardholder	Card number	Signature
Card verification code (3 digits on back of card)	Expiry date _____ (month) _____ (year)	

By check in Euros (payable in France to the order of VISTA/EURO-PDT 2008)