

HOTEL RESERVATION FORM



Please mail or fax to

VISTA
EURO-PDT 2007
9 bis rue Henri Martin
92772 Boulogne Billancourt Cedex
France
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Fax : +33 (0)1 46 24 88 38
Email : europdt2007@vista-fr.com

PDT Training Course

1 March 2007
Hôpital St Louis, Paris, France

7th EURO-PDT Annual Congress

2-3 March 2007
Novotel Tour Eiffel, Paris, France

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 NOVOTEL TOUR EIFFEL RESERVATION (2-night minimum stay)

Date of arrival	Date of departure	
	Reservation and Payment until 15 November 2006	Reservation and Payment after 15 November 2006
Single occupancy room with breakfast (per room, per night)	185 €	220 €
Double occupancy room with breakfasts (per room, per night)	200 €	235 €
		X ___ nights
NOVOTEL TOUR EIFFEL**** 61 avenue de Grenelle - 75015 Paris, France		TOTAL

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 15 November 2006, 50% refund**
- . **After 15 November 2006, no refunds will be issued**
- . **All refunds will be processed after the meeting**

I have read and accept the hotel cancellation policy

Date

Signature

PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT 2007 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 2007)