MEEA CONFERENCE 2009

HOTEL REGISTRATION FORM FOR

HOTEL BEST WESTERN ALBA
41 Avenue Jean Médecin
06 000 NICE
Tél 04 93 88 02 88   Fax 04 93 88 55 03

NAME ,,

SURNAME ,,

ARRIVAL DATE ,,,,,,,,,,,,,,,,,,,,,   DEPARTURE DATE ,,,,,,,,,,,,,,,,,,,,,,

NUMBER OF NIGHTS ,,,,,,,,,,,,,,,,,,,,

NUMBER OF GUESTS ,,,,,,,,,,,,,,,,,,,,

KIND OF ROOM	SINGLE ☐	DOUBLE ☐	TWIN ☐
	70,00 €	70,00 €	70,00 €

Not Include : Buffet Breafkfast 13€ - City Tax 0.90€

Booking Terms

Your booking will be confirmed only when we will receive a deposit as follow :

--> Amount of 1 night for a stay from 1 to 3 nights

--> Amount of 2 nights for more of 3 nights stay

Cancellation Terms

Your deposit will be refund for a cancellation before 09th March 2009. After these date, deposit will be kept by the hotel. In case of No Show without cancellation from you, the total stay will be billed

Credit Card

Choose one		*Card Number*	*Expiration Date*	*Owner*
Visa	☐			
American Express	☐			
Eurocard/ Mastercard	☐			

I, undersigned ,, authorized the Best Western Nautica to debit my credit card of an amount equivalent of one night as guarantee of my booking.

Miscellanous

signature

Thank you to send this confirmation by **fax : + 33(0)4 93 88 55 03**