

RESERVATION FORM

CONGRES NIM 2015 DU 26 AU 29 OCTOBRE 2015

**FILL AND SEND THIS FORM AS SOON AS POSSIBLE TO BENEFIT BY
THE BEST DISPONIBILITIES OF ROOMS TO :**

INTER HOTEL RESORT ALTEORA FUTUROSCOPE - **Itend to Martine SAVOIE**

BP 80140 - 86960 FUTUROSCOPE CHASSENEUIL CEDEX

Tel : 05.49.49.09.26 - Fax : 05.49.49.09.31- mail : martine@hotel-alteora.com

| Kind of rooms | price per night | deposit per night | number of night | Cash with order |
|---------------------------|-----------------|-------------------|-----------------|-----------------|
| COMFORT ALTEORA ** | price per night | deposit per night | | |
| | | | | |
| | | | | |
| SINGLE WITH BREAKFAST | 48,00 € | 24,00 € | | |
| DOUBLE WITH BREAKFAST | 66,00 € | 33,00 € | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| GENERAL AMOUNT | | | | |

The deposit represent 50 % of the price of the night

RESERVATION INFORMATION

| | | | |
|-------------------|--|------|--|
| Date of arrival | | Hour | |
| Date of departure | | Hour | |
| | | | |

RESERVATIONS DETAILS

| | | | |
|-----------------|--|-----|--|
| Name | | | |
| Surname | | | |
| Address | | | |
| Zip code | | | |
| Area/country | | | |
| Telephon number | | Fax | |
| E.mail | | | |

PAYMENT OF THE DEPOSIT (SHOULD BE DONE FOR DEFINITIV BOOKING)

Cheque to the order of GERESHOTEL ALTEORA

By Credit Card

| | | | |
|-----------------------------|--|-----------------|--|
| Kind of Card | | Holder | |
| Number | | Expiration date | |
| Amount to deduct in advance | | | |

**NB : we will book your room when we will receive this form with the deposit
a confirmation will be send by return , the bill will be given at your departure**