INTERCONTINENTAL. CARLTON CANNES

AUTORISATION DE PAIEMENT PAR CARTE DE CREDIT
AUTHORISATION OF PAYMENT BY CREDIT CARD

REGISTRATION FORM

6th European Congress on Hematologic Malignancies
February 25th–28th, 2010

Please kindly complete and return this form to our Reservations Department
Fax: 04 93 06 46 00 – Tel: 04 93 06 45 67/71/72
For more than 4 bedrooms, please send your request to: Alexia.Hitzig@ihg.com

1) Name: _____ Surname: _____

2) Name: _____ Surname: _____

3) Name: _____ Surname: _____

4) Name: _____ Surname: _____

Address of the card holder: _____

_____

Fax n°/e-mail: _____

Arrival Date : Departure Date:

☐ Single Room € 150 ☐ Double Room € 175

The above rates are per room and per night, Continental buffet breakfast, VAT and service included.
City Tax is additional (currently € 1.30 per person and per night).
Extension of stays is proposed at the above preferred rates, on request, upon availability.

In order to guarantee your reservation, please kindly complete your credit card details with expiry date, CVC number and signature of the card holder. Please kindly note in case of cancellation after February 19th, 2010 the equivalent of the total stay will be charged on your credit card as a penalty as well as for shorten stay and no-shows. This amount is non refundable.

Signature : _____

Credit Card Number

Expiry Date

CVC Number

Dear Sirs,

*It is with much pleasure that we confirm the above mentioned reservation in your favour. Please kindly note your confirmation n°:*_____

We look forward to welcoming you at the InterContinental Carlton Cannes

Kind regards,

Reservations Department
InterContinental Carlton Cannes