

IN ORDER TO BENEFIT OF ICCV RATES PLEASE RESERVE BEFORE SEPTEMBER 10TH 03.

INDIVIDUAL BOOKING FORM HOTEL SOFITEL NICE CENTRE

2-4 parvis de l'Europe 06300 Nice France
phone : 33.4.93.13.62.00 - fax : 33.4.93.92.17.73 - email : H1103-RE4@accor-hotels.com

ICCV CONVENTION OCTOBER 10TH TO 17TH 2003

To the attention of the booking department congress :

NAME _____ FIRST NAME _____
ADDRESS _____ CITY _____ COUNTRY _____
PHONE _____ FAX _____

By this document, I confirm the following booking :

- Single room rate per night (breakfast and local city tax included) : 186,07 euros
- Double room rate per night (breakfast and local city tax included) : 187,14 euros

Date of arrival : October 2003

TOTAL number of nights :

Date of departure : October 2003

Single room :
Double room :

RESERVATION GUARANTEE (Fullfill the following points)

VISA AMEX EUROCARD/MASTERCARD
OTHERS

Credit card number :

Expiration date :

The signature of this document authorize the hotel to take a deposit of 2 nights amount as guarantee of the booking starting from September 10th 03.

Without any credit card number the hotel does not guarantee the stay.

In case of cancellation:

Up to September 09th 03:

Full refund

From September 10th 03 till the end:
of the congress :

The cost of 2 nights stay will be retained by the hotels
per every room cancelled or not occupied.

DATE :

SIGNATURE :

HOTEL CONFIRMATION NUMBER: