

ACCOMMODATION FORM / 1

NAME

FIRSTNAME

ADDRESS

ZIP CODE

CITY/COUNTRY

TELEPHONE

FAX

EMAIL

HOTEL	CATEGORY	SINGLE/NIGHT	DOUBLE/NIGHT
4*- PALAIS DE LA MEDITERRANEE	CITY VIEW	280.00 €	325.00 €
	PARTIAL SEA VIEW	305.00 €	350.00 €
4*- BOSCOLO PARK OR PLAZA	CLASSIC	199.00 €	219.00 €
4*- FOUR POINTS/ELYSEE PALACE	DELUXE SEA VIEW	205.00 €	220.00 €
4*- GRAND HOTEL ASTON	CLASSIC	on request	on request
	SUPERIOR	on request	on request
4*- HOLIDAY INN	STANDARD	180.00 €	200.00 €
	EXECUTIVE	200.00 €	220.00 €
4*- NICE RIVIERA	CLASSIC	192.50 €	204.00 €
	SUPERIOR	213.50 €	225.00 €
4*- SPLENDID	HARMONY	160.00 €	180.00 €
	DELUXE	190.00 €	210.00 €
4*- WESTEND	CITY VIEW	250.00 €	250.00 €
	SUPERIOR SEA VIEW	280.00 €	280.00 €
	DELUXE SEA VIEW	320.00 €	320.00 €
4*- WESTMINSTER	CITY VIEW	182.00 €	202.00 €
	SEA VIEW	203.00 €	223.00 €
3*- GRAND HOTEL LE FLORENCE	STANDARD	141.00 €	152.00 €
3*- LES CIGALES	STANDARD	140.00 €	145.00 €
3*- MERCURE PROMENADE	STANDARD	173.43 €	190.67 €
3*- MERCURE MARCHE FLEURS	STANDARD	on request	on request

ACCOMMODATION FORM / 2

RESERVATION & PAYMENT INFORMATION

The amount of one night will be requested as deposit plus 40 € administrative costs.

The remaining nights, local taxes and all extras will be paid directly to the hotel.

Attention: For reservations at Palais de la Méditerranée, total prepayment is required by the hotel.

1ST CHOICE 2ND CHOICE

ARRIVAL DATE DEPARTURE DATE

SINGLE ROOM DOUBLE ROOM TWIN ROOM

DEPOSIT € + 40.00 € (administrative costs) = €

<input type="checkbox"/>	<p><u>Bank Transfer</u> By bank transfer to the following account: Account holder: SARL IMPACT Bank: Credit Agricole - Nice Gorbella IBAN: FR76 1910 6006 5743 6177 1432 033 SWIFT (BIC): AGRIFRPP891</p> <p><u>It is mandatory to send a copy of the transfer receipt with the registration form to:</u> IMPACT/Christina Loicht – 10, Rue Ribotti - 06300 Nice – France</p> <p><u>Bank fees remain at the charge of the registrant.</u></p>
<input type="checkbox"/>	<p><u>Credit Card (1 night + 40 € administrative costs, except Palais de la Méditerranée)</u> I, _____ herewith authorize IMPACT to debit the amount of _____ € from the following credit card:</p> <p>Visacard Mastercard Eurocard</p> <p>N° _____</p> <p>Expiry Date _____ CVC _____</p> <p>Credit Card Holder _____</p> <p>Date: _____ Signature: _____</p>
<input type="checkbox"/>	<p><u>Check</u> Payment only in euro and made out to IMPACT to be send to: IMPACT/Christina Loicht- 10, Rue Ribotti - 06300 Nice –France</p>

CANCELLATION CONDITIONS

For cancellations before March 1st, the sum of 40 € will be retained for administrative costs.

For cancellation between March 1st and April 1st, 2012, 1 night will be due.

After April 1st, no cancellations will be possible.

ACCOMMODATION FORM TO BE RETURNED TO :

IMPACT Ltd./Christina Loicht

10, Rue Ribotti - 06300 Nice – France

Tel/Fax : +33(0)4 92 07 35 76 – Email : christina@impact-events.net