Hôtel Gray d'Albion

Un Hôtel du Groupe Lucien Barrière

SUMMIT HOTELS & RESORTS

HOTEL REGISTRATION FORM
For the

Clinical Update 2010

CardiacMRI & CT

April 23 - 25, 2010 - Cannes, France *http://cannes2010.medconvent.at*

Please answer directly to the Sales Department :
Fax : +33 4 92 98 77 75 – Tel : +33 4 97 06 89 57

Guest Name : _____ Surname :_____

Address : _____

_____

Fax n°/e-mail: _____

Arrival date : _____ Departure date : _____

Classic Single room	Classic Double/Twin room
144 euros*	**174 euros***

- **The above room rates are valid per room, per night, on request, upon availability, Buffet breakfast and all taxes included.**
- **City tax is additional: € 1.30 per person, per night.**

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard or JCB) and expiry date.

- Upon reception of this form the Hotel Gray d'Albion Cannes will charge € 100 on the credit card hereunder mentioned.
- The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel Gray d'Albion Cannes.

In case of cancellation or no show, the € 100 prepayment will be kept by the Hotel Gray d'Albion Cannes as penalty. This amount will be non refundable.

Signature : _____

Credit card number

Expiry date

Pls note that we will send you a confirmation fax/ e-mail with the confirmation number as soon as we have checked the availability. Pls make sure that you have received such a confirmation.

Dear Sirs,

We are pleased to confirm the above reservation with the following confirmation number : _____

We look forward to welcoming you soon to the **Hotel Gray d'ALBION**,

With our best regards,
Reservations Department
Hotel Gray d'Albion Cannes