



Workshop EIPM / MPI



Hotel booking request FAX

Please print this form (one per participant) and it to
 Mrs DESALMAND Stéphanie
 BEST WESTERN PORTE SUD DE GENEVE
 Phone n° 00 33 450 31 16 06
Fax n° 00 33 450 31 29 71

1/Please reserve a room for me the nights of:

Tuesday October 16th 2007
 Wednesday October 17th 2007
 Others, please specify dates.....

Type of room required: Patio single room at 95 €
 Salève-Jura single room at 99 €
 Suite single at 109 €

Ms Mrs Mr

First name.....Family name.....
 Job title.....
 Company.....
 Address.....
 Phone.....Fax.....
 Email

2/In order to guarantee my reservation, please find below my credit card details:

American Express Eurocard/Mastercard Visa
 Cardholder's name:
 Card Number:
 Expiry Date:
 Signature:
 Security code (last 3 digits on the back of the card):

No-show will be charged on credit card details above.

3/ My arrival & departure details:

Arrival day & time:
 Departure day & time:



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4/ Miscellaneous:

- Room will be available from 15:00 pm on the Arrival day, and must be left at the latest at 12:00 pm on the Departure day. Rooms, tax and extras (telephone, bar, restaurant etc...) have to be paid when you leave the Hotel.
- Should you require specific meal arrangements, please let the Hotel know in advance in order to make necessary arrangements:
Vegetarian Allergy , please specify:

5/ Cancellation Policy:

From our confirmation till the September 15th 2007: no cancellation fee
From September 15th 2007 until your arrival date: 100% total amount.

I have taken note of the cancellation policy

Please note the reservation and the payment should be done directly to the Hotel. The EIPM cannot be responsible for your registration or for No-Shows!

Date & Signature:

Looking forward to welcoming you in Archamps.

Best regards,

Natalia Savitcaia
Networking Activities Coordinator
Tel: + 33 (0)4 50 31 56 82
nsavitcaia@eipm.org