



IWFHR'10

October 23-26, 2006, La Baule, France

Hotel reservation form

Instructions: print out and complete this form. Make sure you have filled in all required fields and fax to:
Conference Center Atlantia, La Baule, Fax: +33 2 40 24 10 93

Or send by mail to: sylvie.lequerre@atlantia.tm.fr – **Deadline: September 23, 2006**

IDENTITY			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.			
LAST NAME: _____		First name: _____	
Affiliation: _____			
Business Address: _____			

Postal/Zip code: _____	City: _____	Country: _____	
Phone: _____	Fax: _____	E-mail: _____	
Transportation: by train <input type="checkbox"/> by plane <input type="checkbox"/> by car <input type="checkbox"/>			

HOTEL RESERVATION			
Check-in: ___/___/___		Approximate time of arrival in La Baule: ____:____	
Check-out: ___/___/___		# _____ nights	
Price range per room, per night incl. one breakfast (VAT taxes included but not local taxes). A deposit (included a 7,50 € administrative fee) are required to book an accommodation.			
Please select your hotel by ticking at the appropriate places below:			
Price par night	3-star Hotel	2-star Hotel	Residence (for students)
Single (1 person)	<input type="checkbox"/> 80 €	<input type="checkbox"/> 58 € to 70 €	<input type="checkbox"/> 61 € (flat 1 pers.)
Double (1 large bed)	<input type="checkbox"/> 80 €	<input type="checkbox"/> 68 € to 75 €	<input type="checkbox"/> 36 € (flat 2 pers.)
Twin (2 twin beds) *	<input type="checkbox"/> 80 €	<input type="checkbox"/> 68 € to 75 €	
(*) Roomate name: _____			

PAYMENT INFORMATION			
Hotel deposit payment	3-star Hotel	2-star Hotel	Residence (for students)
Amount to be paid	<input type="checkbox"/> 77,50 €	<input type="checkbox"/> 57,50 €	<input type="checkbox"/> 37,50 €
<input type="checkbox"/> By bank cheque wording in Euros drawn out of a French bank, written out to ATLANTIA			
<input type="checkbox"/> Visa card <input type="checkbox"/> Eurocard/Mastercard (<i>American Express and Diners' Club cards are not accepted</i>).			
Cardholder name and first name: _____ hereby authorize ATLANTIA to charge my credit card:			
Credit Card number: __ __ __ __ _ / __ __ __ __ _ / __ __ __ __ _ / __ __ __ __ _ Expiration date: __ __ _ / __ __ _ Month Year			
Security code : __ __ __ (see the 3 last numbers on the back of the credit card)			
I, _____, authorize Atlantia to charge from my card number the amount of _____ € (Last Name and first name)			
Cardholder signature:			
<i>Cancellation: Fees will be returned for any written cancellation until August 22. No refund after this date. Please note that the 7,50 Euros administrative fees will be retained.</i>			

Date:

Signature: