DATE 2009
20 - 24 APRIL
HOTEL REGISTRATION FORM

COMPANY NAME / ORGANISATION: _____

(Should you need to reserve several rooms, please duplicate this form)

Mr. Mrs. Miss. Name: _____ First Name: _____

Accompanying person (in the same room):

Mr. Mrs. Miss. Name: _____ First Name: _____

Address: _____

_____

Zip code: _____ City: _____ Country: _____

Phone number: _____ Fax number: _____

Email: _____

ARRIVAL DATE: ____/____/____ DEPARTURE DATE: ____/____/____

Type of room: ○Single ○Double ○Twin

SELECTED HOTEL:

First choice: _____

Second choice: _____ Third choice: _____

DEPOSIT TO BE PAID: a 2-night deposit is requested.

To be paid by:

☐ Visa ☐ Eurocard/Master Card ☐ American Express

I give my authorisation to LSO French Riviera to charge my credit card, details below; and I accept the reservations terms as per the hotel booking:

Credit Card number: __/ Exp. date: ____/____

Cardholder name: _____ Signature: _____

For Visa and Eurocard/Mastercard cards, we need the visual cryptogram number, on the back of the card

(last 3 numbers from the code written in the signature space): ___/___/___

In order to reduce fraud, we need a copy of the front and back of your credit card with this form

☐ Bank Draft to be sent to: ***LSO INTL-DATE09*** *– BP333 - 06906 Sophia Antipolis Cedex - France*

☐ Bank Transfer *(All bank fees are payable by the applicant)*

LSO INTL-DATE07 - Bank HSBC Antibes 19 Av. Robert Soleau – 06600 Antibes France

Bank code 30056 - Counter Code 00221 - Account 02212185932 / 06 – Swift/BIC Code: CCFRFRPP

IBAN Number : FR76 3005 6002 2102 2121 8593 206

Date : _____ Signature : _____

Deadline for Cancellation:

March 6th, 2009 we regret that after this date it will not be possible to accept cancellations, transfers of deposit and no refunds can be made.

April 16th, 2009 : no modification will be accepted after this date; the reserved stay will have to be totally settled to the hotel, even in case of last minute change.

The paid deposit will be deducted from the invoice issued by the Hotel, payable by each participant upon departure.For Group bookings, (10 reservations or more), in addition to the above policy, a 10 % of the paid deposit will be invoiced in case of cancellation prior to **March 6th, 2009**.

Please complete this form and return it by fax or mail to:

LSO INTL – DATE 09400 Av. Roumanille – BP 333, 06906 Sophia Antipolis France

***Phone number*: ++33 (0)4 92 38 56 50 - *Fax number*: ++33 (0)4 92 38 56 33**

Contact:Caroline Canavero ***Email*:** caroline.canavero@lso-intl.com ***Website* :** http://date2009.lso-intl.com