

ROOM RESERVATION FORM TO SEND BY FAX TO THE HOTEL

Fill in this form and return it by fax to +00 33 4 93 68 35 38.

SEMINAR CNRS

8-12 June 2003

CROISSETTE BEACH HOTEL CANNES, FRANCE

CREDIT CARD GUARANTEE

Attention: **Agnes HENNET** - Sales Executive

This authorization form is requested by the CROISSETTE BEACH HOTEL to validate your booking.

I (print full name) _____ authorize the CROISSETTE BEACH HOTEL to debit on March 18th 2003 on the following credit card

Visa - MasterCard - American Express - Dinners (circle as appropriate)

Card Number:

Expiration Date:

The amount of:

___ × 134 Euros / single room (seminar price including buffet breakfast and local city tax)

___ × 74 Euros / double room (seminar price including buffet breakfast and local city tax)

For the rent of one single - double - twin - bedded room (circle as appropriate) from 8 June until 12 June 2003 (4 nights).

If you want to share a double room with another participant (and not an accompanying person), please indicate his/her name:

The CROISSETTE BEACH HOTEL offers special prices for the pre- and post-seminar nights (buffet breakfast and city tax included). Please, indicate if you would like to take advantage of this offer:

___ × 134 Euros /day / single room.

Dates for booking:

___ × 74 Euros /day / double room

Dates for booking:

I agree to the following cancellation conditions:

The debit of my credit card will be made after 17 March 2003, the deadline to confirm my participation at this seminar.

From 17 March until 17 April 2003, if I cancel my booking, the CROISETTE BEACH HOTEL is authorized to debit one night penalty. No penalty on pre- and post- seminar nights.

From 18 April until 8 May 2003 if I cancel my booking, the CROISETTE BEACH HOTEL is authorized to debit 2 nights penalty. No penalty on pre- and post- seminar nights.

From 9 May until 24 May 2003 if I cancel my booking, the CROISETTE BEACH HOTEL is authorized to debit 3 nights penalty. No penalty on pre- and post- seminar nights.

After 25 May 2003, if I cancel my booking or in case of no-show, the CROISETTE BEACH HOTEL is authorized to debit the 4 nights penalty and 50% of the amount for the pre- and post- seminar nights.

In case of cancellation for medical reasons or family decease, repayment of the total deposit, only with medical certificate or death certificate presentation.

Signature _____ Date: _____

Deadline for receipt of this form: 17 March 2003

If you have questions, contact Patrick MICHEL at:

EMAIL: michel@obs-nice.fr

TEL: +00 33 4 92 00 30 55