

INDIVIDUAL BOOKING FORM
"19th Annual Congress of the European Society of Paediatric Urology"
Nice, From 23th to 26th April 2008

"Thank you for choosing the **RADISSON SAS NICE**"

Individual request of booking to send back to the Radisson SAS Hotel Nice by fax: + 33 (0)4 97 17 70 55 or by email: reservations.nice@radissonsas.com duly completed. The hotel will send you back a confirmation.

GUEST INFORMATION:

Name:	Phone number:
First Name:	Fax number:

ACCOMODATION DETAILS:

- Arrival Date:	- Departure Date:
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Should you wish to make a booking at our hotel, please choose a room type and reconfirm:

£ City view room at 190 € buffet breakfast included	£ Single occupancy
£ Sea view room at 235 € buffet breakfast included	£ Double occupancy

Supplement : Double room : 10 € per night
City tax at 1.20 Euros per person per night.

BOOKING CONDITIONS:

Ø For any reservation, the hotel requires a **1 night deposit** of 190 Euros for a city view room or 235 Euros for a sea view room.

You need to send us a cheque in Euros or pay by bank transfer or send us your credit card number with front & backside copy of the card by fax.

Name of Cardholder:	Expiry date: /
Credit Card number:	Signature of Cardholder:
Amount authorized to debit:	

CANCELLATION POLICY:

Please note our cancellation policy:

- Ø For cancellations until 13th of April 2008, no cancellation fee would be charged & the deposit would be refunded.
- Ø For cancellations as of 14th of April 2008, the hotel reserves the right to keep the deposit.

We are very much looking forward to hearing from you by return of fax and welcoming you at our property in sunny Nice.

Best regards.
The Reservation Department

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