



HOTEL RESERVATION FORM

Please mail or fax to

VISTA

EURO-PDT 2018

24 rue Erlanger - 75016 Paris, France

Tel: +33 (0)1 46 43 33 42 - Fax: +33 (0)1 46 24 88 38 - Email: europdt2018@groupevista.com

DELEGATE

Title

Last Name

First Name

Institution/Company

Address

Zip

City

Country

Phone

Fax

Email

ACCOMPANYING PERSON

Last Name

First Name

HOTEL LE MÉRIDIEN NICE

Date of arrival

Date of departure

Single occupancy room with breakfast
(per room, per night)

192 €

Double occupancy room with breakfasts
(per room, per night)

202 €

X ___ nights

LE MÉRIDIEN NICE
1 Promenade des Anglais
06000 Nice - France

TOTAL

HOTEL CANCELLATION POLICY

Cancellations must be notified in writing to VISTA and are subject to the following conditions:

- . Until January 10th, 2018, 50% refund
- . After January 10th, 2018, no refunds will be issued
- . All refunds will be processed after the meeting

I have read and accept the hotel cancellation policy

Date

Signature

PAYMENT

By bank transfer in Euros to the order of VISTA/EURO-PDT to:

Bank code: 30788 - Sort code: 00900 - Account n° 01220780001 - Key 52 - IBAN: FR76 3078 8009 0001 2207 8000 152 - BIC: NSMBFRPPXXX
(copy of bank transfer must be sent along with registration/hotel reservation form)

By credit card (+4% processing fees) Visa Eurocard/Mastercard

Cardholder

Card number

Signature

Card verification code (3 digits on back of card) _____ Expiry date _____ (month) _____ (year)