

7TH EURETINA CONGRESS

Monte Carlo



HOTEL BOOKING FORM

REGISTRATION NO.

FOR OFFICE USE ONLY

LAST NAME: _____

FIRST NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

COUNTRY: _____

TEL: _____

FAX: _____

EMAIL: _____

HOTELS

		Single	Double			Single	Double
Monte Carlo Bay	5*	€251	€265	Hotel Ambassador	3*	€165	€165
Fairmont	5*	€244	€244	Hotel Alexandra	3*	€132	€132
Colombus Hotel	4*	€205	€225	Hotel de France	2*	€115	€115
Tulip Inn	3*	€175	€175				

Rates quoted are per room per night and include the cost of breakfast and taxes.

Arrival Date: _____ Departure Date: _____ No. of Nights: _____

Type of room: Single Double Twin Other Please specify _____

HOTEL REQUIRED

 Please enter 3 options below, as your first choice may not be available.

1st choice: _____

2nd choice: _____

3rd choice: _____

Full payment must accompany this form, otherwise accommodation cannot be guaranteed.

PAYMENT METHOD

Visa MasterCard American Express Card No. Exp.

3 Digit Security Code
(Visa & Mastercard only,
printed on the reverse of card)

Cardholder Name (PLEASE PRINT): _____

Cardholder Signature: _____

Date: _____

Your credit card statement will show this payment to AGENDA. Payment by bankdraft in euro (drawn on an Irish Bank) made payable to AGENDA will also be accepted.

IN THE EVENT OF CANCELLATION, AN 80% REFUND OF ACCOMMODATION PAYMENTS WILL BE ALLOWED PROVIDED NOTICE OF CANCELLATION IS RECEIVED BY THE CONGRESS ORGANISERS BY 1 MARCH 2007. AFTER THIS DATE NO REFUND WILL BE ALLOWED.

Please return completed form to AGENDA COMMUNICATIONS, Temple House, Temple Road, Blackrock, Co. Dublin, Ireland
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