

## BOOKING FORM – INRIA

**ICVS – 19<sup>th</sup> to 23<sup>rd</sup> September 2011**  
at the Sophia Country Club \*\*\*\*\*

Please return this booking form filled up duly signed to **Sabrina CLUET** at [sabrina.cluet@sophiacountryclub.com](mailto:sabrina.cluet@sophiacountryclub.com)  
Phone: +33 (0)4 92 96 68 88 – Fax: +33 (0)4 92 96 68 96

### REGISTRATION:

Name: .....

Address: .....

Phone: .....

Email: .....

### BOOKING:

**STAY:** (nights)

- Monday 19<sup>th</sup> September 2011
- Tuesday 20<sup>th</sup> September 2011
- Wednesday 21<sup>st</sup> September 2011
- Thursday 22<sup>nd</sup> September 2011

**ACCOMMODATION\*:** rate per night

- standard single room: **120 € per night** – *instead of 220 €*
- buffet breakfast: **17 € per night** – *instead of 19 €*
- Extra nights: .....

\* Booking upon availability. City Tax: 1.30 € per person, per day

### SALES CONDITIONS OF RATE

**Cancellation Delay:** No cancellation charge applies prior arrival date, 6pm.

**No show:** In case of no show or cancellation after arrival date, 6pm, the first night will be charged by debit of credit card.

**Guarantee Policy:** All reservations must be guaranteed with a credit card valid at the date of the start of your stay, unless otherwise specified.

**Payment:** All charges have to be paid at check out.

### CHARGE AUTHORIZATION:

Name of the Card Holder: .....

Credit card Number: .....

Pictogram (3 last numbers at the back of the card): ..... Expiration Date: .....

Hereby, I do authorize the Sophia Country Club (3550 route des Dolines - bp 15 – 06901 Sophia Antipolis – France) to charge the amount ..... € on my credit card as a first night on my booking, in case of no-show or cancellation after 6pm, on arrival date.

Date: ..... Signature of the card holder preceded by the words “read and approved”