HOTEL BOOKING FORM

Please complete and fax only to Radisson Blu Hotel, Nice, Direct line: + 33 4 97 17 70 77 - Fax: ++ 33 4 97 17 70 75



PCC EMEA Conference from 12th to 15th November 2017

	Guest Name				
	Address				
	Country				
	Telephone				
	E-mail				
Arrival date and Time					
Departure date and Time (< noon)					
ROOM TYPE		<u>RATE</u> (per ro	room / night including breakfast)		
	SINGLE ROOM	130 E	UROS		
	DOUBLE ROOM	150 E	EUROS		
	Day Delegate 90 EUROS	on 13 th November: 90	DEUROS / □ [Day Delegate on 14th November:	
	☐ Half Day Delegate on 15 th November: 83 EUROS				
	☐ CITY TAX: +2 EURO PER PERSON PER DAY				
details, w		firmation, each participy way to guarantee the		n their credit card poking will become definitive	
☐ Maste	rcard	☐ Amexco	☐ Visa	☐ Diners	
Cardholo	ler:				
Credit ca	rd number:			Expiry date:	
Mandato	ry: CVC code	e at the back of the c	-	- ,	
- 30 days - 15 Days	to 15 days pr prior to arriva	W OR CANCELLATION THE ior to arrival: 1 night w	vill be charged t ny cancellation	ELIABLE TO THE FOLLOWING CANCELLATION CHARGES: to the participants in case of cancellation n will be charged at 100% of the total stay.	
DATE:	Sig	NATURE:			
		D HOLDER IF NOT THE S			
By signing	this form, I aut	thorize Radisson BLU to o	charge my credit	lit card in case of no show or cancellation according	

to the above-mentioned cancellation condition.