

**HOTEL BOOKING FORM**

DAKINI CONSEIL - 6/8 RUE DU 4 SEPTEMBRE - F- 66 600 RIVESALTES

Tel : +33 4 68 64 98 11 / Fax : + 33 4 68 52 79 47

Reference : LACL 2005

**PARTICIPANT'S DETAILS**

Name	
University / Organization / Company	
Address1	
Address2	
Zip Code	
City	
State	
Country	
Telephone	
Fax	
E-mail	

**HOTEL RESERVATION**

Hotel Name	
Arrival Date	
Departure Date	
Type of room (single or twin)	
I will be sharing with :	
Price per person, per night	
Number of person	
TOTAL HOTEL RESERVATION	
ADMINISTRATIVE FEE	20,00 €
TOTAL DEPOSIT DUE (1 night per person + administrative fees)	

**PAYMENT OF HOTEL RESERVATION**

**Full payment of the deposit above-mentioned has to be made in Euro  
(no other currencies can be accepted).**

Credit card

Visa

Mastercard

Credit Card Number (**19-digit number**):

Expiry date :

Bank transfer (Currency exchange charges or bank collection fees are the sole responsibility of the registrant)

Checks (for french resident only)

Hotel reservation will only be confirmed upon receipt of deposit required

You will have to settle the balance due directly to the hotelier.

**CONFIRMATION AND ACCEPTANCE OF THE POLICIES & GUIDELINES****Cancellations fees**

Up to April 15, 2005: 20 € as cancellation / administrative fee will be retained

From April 16, 2005: 100% of the deposit will be retained

**Fees for reduction of stay:**

Up to April 15, 2005: No fee will be retained

From April 16, 2005 : All the stay confirmed before will be invoiced

**Signature :**

**If you pay by credit card**, please fax this form to Dakini Conseil at : + 33 4 68 52 79 47

**If you pay by check**, please send this form with your check to Dakini Conseil - 6/8 rue du 4 septembre -66 600 Rivesaltes

**If you pay by bank transfer**, please fax this form with the copy of the bank transfer to Dakini Conseil at : + 33 4 68 52 79 4