

**Registration Form**  
**Hotel Campanile Nice centre Acropolis**  
**EIASM**  
**From September 29<sup>th</sup> to October 2<sup>nd</sup>, 2015**



Please return this document to the hotel:  
By fax = 04 93 26 00 34 or by e-mail = [hotel-campanile-nice@wanadoo.fr](mailto:hotel-campanile-nice@wanadoo.fr)

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**CONTACT INFORMATION**

Name:

Surname:

Cell phone number:

Email:

phone:

fax:

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**STAY**

Date of arrival:

Date of departure:

I want to book: (please indicate the number of rooms you would like to book)

\_\_\_ Single room at congress rate 100€

(Breakfast included and city tax 1€ non included)

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**DEPOSIT AND BOOKING GUARANTEE:**

I authorize the *Hotel Campanile Nice Centre Acropolis*, located at 58 bd Risso, 06300 NICE to charge the following credit card number: (MasterCard, Visa and American Express accepted)

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Expiry date: \_\_\_ / \_\_\_    Holder's name: \_\_\_\_\_

The amount of ..... (1 night per room)

Date:

Signature:

**Cancellation terms:**

- |                                      |                              |
|--------------------------------------|------------------------------|
| 1) Less than 15 days:                | NO REFUND                    |
| 2) between 16 and 30 days:           | REFUND OF 50% OF THE DEPOSIT |
| 3) More than 30 days before arrival: | TOTAL REFUND                 |

**IMPORTANT :**

In all cases, the cancellation should be confirmed in writing.

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I need a confirmation of my booking.

Feel free to contact us for further information.

58, Bd Risso 06300 NICE  
TEL : 04 93 26 20 60    FAX : 04 93 26 00 34    e-mail: [hotel-campanile-nice@wanadoo.fr](mailto:hotel-campanile-nice@wanadoo.fr)  
SNC REL NICE au capital 15 000 €    SIRET RCS 342 083 607



**BOOKING FORM**  
**At Hotel KYRIAD NICE CENTRE GARE**  
**EIASM**  
**from 29th of September to 2<sup>nd</sup> of October 2015**

**A retourner :**  
**by fax au 04 92 17 39 31 or by mail at [contactkyriad.nicegare@sonicehotels.com](mailto:contactkyriad.nicegare@sonicehotels.com)**

**Name :**

**Surname :**

**Mobile :**

**email :**

**Société :**

**tel :**

**fax :**

**My stay:**

**Check-in date :**

**Check-out date :**

**I would like to book :**

**\_\_\_ Single room(s) buffet breakfast inclusive at 101.00 € per night**

**Cold and Hot Buffet breakfast « à volonté » from 6h30 to 10h30**

**(local city non included : 1€ per person and per day)**

**I hereby authorized the **Hôtel KYRIAD NICE CENTRE GARE, 35 boulevard RAIMBALDI, 06000 NICE ;** to debit**

**My credit card N° .....**

**expiry date .....**

**Of the amount of .....**

**Corresponding to the 1st night of my stay**

**Our cancellation policies :**

**1) less than 30 days :**

**NO REFUND**

**2) between 16 to 45 days :**

**50% REFUND**

**3) more than 46 days from arrival :**

**100% REFUND**

**IMPORTANT :**

**THE CANCELLATION WILL HAVE TO BE DONE BY POST MAIL, DATE OF THE STAMP TRUSTED**

**I would like to receive a confirmation of my booking by mail.**

35 BD RAIMBALDI 06000 NICE  
TEL : 04 92 17 39 39 FAX : 04 92 17 39 31 mail : [contactkyriad.nicegare@sonicehotels.com](mailto:contactkyriad.nicegare@sonicehotels.com)  
SARL LE NOAILLES au capital 15 000 € SIRET RCS 447 801 937



14, Avenue Thiers 06000 NICE Tel. +33(0)4.93.888.555 Fax +33(0)4.93.885.800

**BOOKING FORM**

EIASM

Arrival date: 29/09/15 Departure date : 02/10/15

Nights Number: 3 nights Persons number: .....

Room type:

Double bed  Twins bed

Rates:

- Double or twin room including breakfast: **113.00€ per night**
- Single room including breakfast: **103.50€ per night**
- City tax: **1.00€ per person per day**

Guest name:

\*1.....  
\*2.....

Arrival time: .....

Phone number: .....

Mailing: .....

Credit card number: .....

Expiry date: .....

The payment should be made directly at the hotel.

**For your information, the booking can be made until the 22<sup>nd</sup> of June.**