

INDIVIDUAL ACCOMMODATION FORM

9TH INTERNATIONAL SYMPOSIUM ON LUMINESCENCE SPECTROMETRY - May 15-17, 2000

DEADLINE : Form to be returned with the payment enclosed before April 15, 2000 to:

LE CORUM - BP 2200 - Esplanade Charles de Gaulle - 34027 MONTPELLIER CEDEX1 - FRANCE

Tél. : 33 (0)4.67.61.67.61 - Fax : 33 (0)4.67.61.66.84 - e.mail : gestion@corum-montpellier.fr

Organisme Local de Tourisme - Autorisation n° AU 034 96 003

NAME SURNAME

ADDRESS

ZIP CODE CITY

COUNTRY

PHONE FAX

PLEASE RESERVE A HOTEL : 4★ 3★ 3★ Tradition 2★ or second choice★

..... room(s) forperson(s) Single Double Twin beds

I will arrive in Montpellier on May..... 2000 and will leave on May 2000

I will be accompanied by :

ACCOMMODATION FEE - PAYMENT : FF EUROS

HOTEL CLASS	PRICE MINI / PRICE MAXI		DEPOSIT AMOUNT		NUMBER OF ROOMS	TOTAL FF / EUROS
	FF	EUROS	FF	EUROS		
4 ★	700,00 / 770,00	106,71 / 117,39	565,00	86,13	x
3 ★	430,00 / 580,00	65,55 / 88,42	465,00	70,89	x
3 ★ Tradition	400,00 / 500,00	60,98 / 76,22	365,00	55,64	x
2 ★	330,00 / 360,00	45,75 / 54,88	265,00	40,40	x

Touristic tax not included

☞ The table above indicates the approximate price for each room per night, with breakfast, V.A.T. and service included, subject to change without notice.

☞ The deposit includes 65 FF (9,91 Euros) for processing (ie : ex-V.A.T : 53,89 FF (8,22 Euros)-V.A.T. 11,11 FF(1,69 Euro)

☞ Only applications received with the payment enclosed will be considered. Accommodation forms received after April 15, upon availability only.

■ CANCELLATION

☞ Deposits will be refunded only upon written cancellation addressed to LE CORUM (letter, fax or e.mail) at least 15 working days before the beginning of the Congress. A fee of FF 65 (taxes inc.) (9,91 Euros) will be deducted for processing

■ **PAYMENT BY CHECKS** : Please make your check payable to **HEBERGEMENT / LUMINESCENCE**

■ **PAYMENT BY SWIFT TRANSFER** : Code Swift : **BWOR - FRPP** - **HEBERGEMENT / LUMINESCENCE**

- **N° 08 401 58 779 F - Banque WORMS, 8 Bd Ledru Rollin, 34000 MONTPELLIER - FRANCE**

☞ **PLEASE INFORM YOUR BANK THAT THE TRANSFER FEES MUST BE PAID BY THE ISSUER.**

■ PAYMENT BY CREDIT CARD

I, undersigned, give the authorization to LE CORUM to withdraw the amount ofFF

VISACARD MASTERCARD EUROCARD

CARD N° EXPIRATION

Date : Signature :