HOTEL RESERVATION FORM to be returned before March 4, 2005

SIAM Geosciences Conference - 4, 5, 6, 7, 8, 9, 10 & 11 June 2005 - AVIGNON

To be returned to : RMG / INRIA - BP 149 - 84008 AVIGNON Cedex 1, FRANCE
Tel: 00 (33) 4.90.27.50.57 – Fax: 00 (33) 4.90.27.50.58. - E-Mail: r.delait@palais-des-papes.com

Name: Mr, Mrs, Miss: .....First name: .....

Address for confirmation: .....

Postal code: ..... Town: .....Country:.....

Telephone: ..... Fax: .....

E-Mail: .....

I ask R.M.G to reserve the following:

Room: Simple ☐ Double ☐ Twin ☐

Arrival on: ..... Departure on:.....Number of nights:.....

Approximate room rates: Local tax, per person & per day: from 0,85 € to 1,18 €

	Hotel Category	Room rate 2005 Single / double	Hotel deposit Per room	Preferences in order from 1 to 12 *	To complete RESERVATION	
4 star	Grand hotel	158 / 158 €	160 €		Hotel Deposit	€
	Cloître St Louis	135 / 135 €	140 €			
3 star	Mercure Pont d'Avignon	102 / 112 €	110 €			
2 star* +	Citotel de Garlande	89 à 109 €	100 €			
2 star	Palais des Papes	75 / 98 €	90 €		Adminis-trative Fees per room	9€
	Danieli	60 / 70 €	70 €			
	Blauvac	67 / 78 €	75 €			
	Ibis Gare	66 / 76 €	75 €			
	Magnan	50 / 58 €	60 €		TOTAL	€
	Regina	55 / 60 €	60 €			
	Ibis Pont de l'Europe	59 / 66 €	60 €			
	Angleterre	55 / 55 €	60 €			

*Breakfast is not included. * The forms will be treated in order of arrival. At the end of your stay you will receive a bill for your hotel expenses (excluding the administrative fees of 9 €) with the hotel deposit deducted*

Payment:

☐ **Credit card**: I authorize RMG to charge the amount of …….€ to my credit card
MASTER, VISA or EUROCARD only.
AMERICAN EXPRESS & DINERS CARD are not accepted.

N° CB | | | | *Expiry date* | | Comment [Rebecca C1]:

☐ **Bank Transfer:** Bank SanPaolo IBAN : FR 26 4097 8000 4801 2567 0B00 101
SWIFT Code : B S P F F R P P X X X :
Please state Reference : RMG / INRIA

Any extra commission or bank charge occurred through bank transfers, will be at the expense of the delegate.

This form should be sent no later than the March 4, 2005. No registration will be accepted without the appropriate documentation and payment asked for.

In the event of cancellation: Refunds will be made only until the March 1, 2005. The administrative fees will not be reimbursed.

"I have taken note of the registration and cancellation formalities and accept the conditions."

At: ..... Date: ..... Signature: