



**HOTEL REGISTRATION FORM**

For the

Clinical Update 2011 ♥  
**CardiacMRI & CT**  
 April 08 - 10, 2011 - Cannes, France      <http://cannes2011.medconvent.at>

Please answer directly to the Reservations Department:  
**Fax :** +33 (0)4 97 06 26 01      **Tel :** +33 (0)4 97 06 26 00      **e-mail:** [reservation@cavendish-cannes.com](mailto:reservation@cavendish-cannes.com)

Guest Name: _____	Surname: _____
Address: _____	
Fax n°/e-mail: _____	
Arrival date: _____	Departure date: _____
<b>Breakfast + Taxes (1,30 per day/per person):</b>	Single room: <b>149 Euros</b>
	Double room: <b>159 Euros</b>

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard, JCB or Diners) and expiry date.

- Upon reception of this form the Hotel will charge 1 night’s charge on the credit card hereunder mentioned.
- The balance of the stay will be charged on the credit card given upon check-in at the Reception of the Hotel.

In case of cancellation or no show, the prepayment will be kept by the Hotel Cannes as penalty. This amount will be non refundable.

Signature : \_\_\_\_\_

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**Credit card number**

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**Expiry date**

**Pls note that we will send you a confirmation fax/ e-mail with the confirmation number as soon as we have checked the availability. Pls make sure that you have received such a confirmation.**

Dear Sirs,  
 We are pleased to confirm the above reservation with the following confirmation number: \_\_\_\_\_  
 We look forward to welcoming you soon at the **LE CAVENDISH & LA VILLA GARBO**