



**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 4 93 434 130      Tel : +33 4 93 43 44 45      e-mail: [infos@cannes-palace.com](mailto:infos@cannes-palace.com)**

Guest Name: _____	Surname: _____
Address: _____ _____	
Fax n°/e-mail: _____	
Arrival date: _____	Departure date: _____
Classic Single room	Classic Double/Twin room
<b>Buffet Breakfast +taxes incl.: 135 EUR</b>	<b>150 EUR</b>
Prestige single room	Prestige Twin Room
<b>Buffet Breakfast +taxes incl.: 165 EUR</b>	<b>180 EUR</b>

To guarantee the reservation, would you please indicate a credit card number (Amex, Visa, Euro/Mastercard or JCB) 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 Cannes **Palace Hotel\*\*\*\*\* in Cannes.**