

ISCD – 11th International CEREC Trainers Course - Paris

ACCOMMODATION BOOKING FORM

Please fill in and send to

sekretariat@dgcz.org or fax to +49 30 76764386

Guest Information

Guest Title: Mr Ms Mrs Prof Doctor Other _____

Gender: Male Female

Guest Name: _____
First Name Middle Name Last Name

Address: _____

City: _____ State: _____

Country: _____ Zip/Postcode _____

Nationality: _____ Date of Birth _____

Phone: _____ Fax _____
(Country code + area code + number) (Country code + area code + number)

E-Mail: _____

Hotel Booking

Hotel: Magic Circus Hotel, Paris

Name of Guest: _____ Name of Guest: _____

Name of Guest: _____ Name of Guest: _____

Reservation Dates Check in Date: ____/____/2010 Check out Date: ____/____/2010

Hotel Room Preferences

Single Double Family Room

Single = 100 Euro / Double 110 Euro / breakfast and the local tax is included in the price

Special Request: _____

Flight Details (nearest Airport = Charles de Gaulle)

Arrival Date: ____/____/2010 Time: ____/____ (am/pm)

Departure Date: ____/____/2010 Time: ____/____ (am/pm)

Payment Details Visa MasterCard

Credit Card Number _____ Expir. Date ____/____

Card Holder _____ CVV Code: _____
(Last 3 digits on the back of the card)

I, _____ hereby authorize ISCD to forward my Credit Card information to Magic Circus Hotel, Paris above to settle the Hotel Deposit. I am aware that Hotel Deposit is non-refundable. If I or others booked through this form fail to arrive for my/their assigned hotel on the confirmed arrival date, cost of the full stay will be charged on above Credit Card.

Signature _____