



ESM[©]
2004



TOUR EIFEL
UNESCO, OCTOBER 25TH – 27ST 2004

MR/MRS

FIRST NAME _____ NAME _____

ADDRESS _____

ZIP CODE _____ CITY _____ COUNTRY _____

TELEPHONE _____ FAX _____

EMAIL: _____

HOTEL ACCOMMODATION FAX REGISTRATION FORM

(Price are per room and night including breakfast and taxes), **Deadline for reservation October 5th . 2004**

TICK	HOTEL	
[]	The IBIS Tour Eiffel Cambronne 15e 2 Rue Cambronne F-75015 Paris Tel: 33)1/40612121 Fax: 33)1/40612299 http://www.ibishotels.com	WEEKEND RATE €75/night without breakfast WEEKDAY RATE €89/night without breakfast

Reservation needed of _____ room / s _____ single/s _____ double /s

Arrival date _____ Departure date _____

Estimated Time of Arrival: _____

In order to ensure your room reservation a one night deposit will be required: € _____

TOTAL PAYMENT € _____ DUE

PAYMENT BY

Credit Card:

VISA EURO/MASTERCARD AMEX DINERS CLUB

n° _____ Expiry date _____ / _____

SIGNATURE

PRINT SIGNATURE

Date _____