



Hotel booking form

TO RETURN TO h0711-it@accor.com

This reservation form must be sent directly to the hotel of your choice. In case of "no show" you will be responsible for any charges made by the hotel.

Name of the hotel: Hotel IBIS Sophia Antipolis	
Your name and first name:	
Name and address of your Company:	
Phone #:	Fax #:
E-mail address:	

RESERVATION:

Single room <input type="checkbox"/>	Double room <input type="checkbox"/>
Name on your credit card (as a guarantee of your reservation):	
Number:	
Expiry date:	

ARRIVAL and DEPARTURE

Arrival Date:	Departure Date:
Estimated arrival time:	

FOR INFORMATION:

Attending Meeting:	INRIA 14th TO 16th JUNE 2017 SOPHIA ANTIPOLIS
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CONFIRMATION:

Date:	Signature:
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