# 4th Advanced Course On Knee Surgery
# January 22nd- 27th 2012
# Convention Centre, Val d'Isère, France

## Accommodation Form

**Last NAME**: .....First Name:.....

Institute/ Hospital:.....

Address:.....

.....

Zip Code: .....City:……Country:……..…….

Phone: ..... Fax: ..... Email..…….……@.....…..……...……

*Please don't forget your E- mail address in order to get all information you need*

● **Accommodation**

**Arrival date:** _____ **Departure date:** _____ **Number of nights:** _____

**A minimum stay of 6 nights will give you more availability in hotels.**

**Type of room** ☐ **Single** ☐ **Double** ☐ **Twin**
☐ **Halfboard** ☐ **B&B**

| HOTEL | Single Price per room | Double Price per room | Deposit |
|---|---|---|---|
| ☐ 2* | 129 / 153 € | 198 / 220 € | |
| ☐ 3* | 132 / 242 € | 256 / 376 € | **490 €** |
| ☐ 4* | 292 / 332 € | 390 / 511 € | |
| ☐ 4* luxe | 500 / 935 € | 550 / 1012 € | **+ Reservation fees 10 €** |

**TOTAL: 500 €**

*As soon as we will receive this registration form, we will send you the reservation's confirmation with the total balance of your stay including the local tax and the name of your hotel.*

● **Payment**

**Could be done on line with secured payment on www.valdisere-congres.com or be returned:**

I, the undersigned, M. _____ , authorize SEM SOGEVALDI to debit the sum of **500 €** on my credit card . (Visa, Eurocard and Mastercard only)

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

Expiration date: ……/ ……

Cryptogram: the last 3 digits on the back of your card / Cryptogramme : les 3 derniers figurant au dos de votre carte bancaire

| | | |
|---|---|---|
| | | |

Whatever the date of cancellation, the deposit will be kept.
From December 10th : No refund will be possible (100% of the whole stay is kept).

**Date:** **Signature:**

**RETURN THE FORM TO**:


4th Advanced Course on Knee Surgery

CENTRE DE CONGRÈS ET DE SÉMINAIRES HENRI OREILLER

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