

FILL AND SEND THIS FORM AS SOON AS POSSIBLE TO BENEFIT BY THE BEST DISPONIBILITIES OF ROOMS TO :

INTER HOTEL RESORT ALTEORA FUTUROSCOPE - Itend to Martine SAVOIE

BP 80140 - 86960 FUTUROSCOPE CHASSENEUIL CEDEX

Tel: 05.49.49.09.26 - Fax: 05.49.49.09.31- mail: martine@hotel-alteora.com

| Kind of rooms | price per night | deposit per night | number of night | Cash with order |
|--|------------------|-------------------|-----------------|-----------------|
| COMFORT ALTEORA ** | | | | |
| HALF BOARD SINGLE | | | | |
| HALF BOARD DOUBLE | | | | |
| | | | | |
| | | | | |
| GALA DINNER | | | | |
| | | | | |
| COMFORT ALTEORA ** | price per night | deposit per night | | |
| SINGLE WITH BREAKFAST | 50,00€ | 25,00 € | | |
| DOUBLE WITH BREAKFAST | 65,00€ | 32,50 € | | |
| | | | | |
| GENERAL AMOUNT | | | | |
| The deposit represent 50 % of t | he price of the | niaht | | |
| The deposit represent of 70 or t | The price of the | ingiit. | | 1 |
| RESERVATION INFORMATIONS | | | | I |
| Date of arrival | 1 | Hour | | 1 |
| Date of departure | | Hour | | |
| Date of departure | | rioui | | I |
| | | | | 1 |
| | <u>l</u> | | | <u>l</u> |
| RESERVATIONS DETAILS | | | | |
| Name | | | | |
| Surname | | | | |
| Address | | | | |
| Zip code | | | | |
| Area/country | | | | |
| Telephon number | | | Fax | |
| E.mail | | | | |
| | | | | |
| PAYMENT OF THE DEPOSIT (SHOULD BE DONE FOR DEFINITIV BOOKING) Cheque to the order of GERESHOTEL ALTEORA | | | | |
| - | TEL ALTEURA | | | |
| By Credit Card Kind of Card | | | Holdor | |
| | | | Holder | |
| Number | | | Expiration date | |
| Amount to deduct in advance | | | - | |

NB: we will book your room when we will receive this form with the deposit a confirmation will be send by return, the bill will be given at your departure