

XIX WORLD CONGRESS OF ASTHMA

5th-8th NOVEMBER, 2008

MONTE CARLO - GRIMALDI FORUM



International Association of Asthmology



HOTEL ACCOMMODATION FORM

Please use capital letters

Surname _____ Name _____

Address _____

Zip code _____ City _____ Country _____

Phone _____ Fax _____

E-mail _____

Date of arrival _____ Date of departure _____

Hotel preferred _____ Type of room _____ Num. of Person(s) _____

Special request _____

Hotel	Single room	Double room
HOTEL HERMITAGE ****L	€ 230,00	€ 230,00 Fully booked
LE MERIDIEN BEACH PLAZA ****	€ 215,00	€ 215,00 Fully booked
FAIRMONT MONTE CARLO HOTEL ****	€ 205,00	€ 230,00 Fully booked
MARRIOTT ****	€ 205,00	€ 205,00
PORT PALACE ****	€ 215,00	€ 215,00 Fully booked
NOVOTEL ***	€ 185,00	€ 205,00
COLOMBUS ***	€ 195,00	€ 205,00
AMBASSADOR ***	€ 135,00	€ 155,00

Prices, intended for room inclusive of breakfast buffet and taxes.

I wish to pay by:

Credit Card : Visa Mastercard/Eurocard American Express

Cheque in Euro made out to PUBLI CREATIONS

Bank Transfer made out to PUBLI CREATIONS (please enclose photocopy of bank receipt)

Bank details: ING Baring Private Bank (Monaco), 1, avenue des Citronniers, 98000 Monaco (MC)

IBAN MC 23 1450 8000 0151 0479 3001 D18 BIC (swift) INGBMCMC

Clearly State: "19th World Congress of Asthma"

Credit Card payment only : Payment shall be made payable to PUBLI CRÉATIONS - Monte-Carlo

Please debit my: VISA MASTERCARD/EUROCARD AMERICAN EXPRESS

Card holder (Surname & First Name) _____ Date _____ Signature _____

Card Number _____ Expiry Date _____

€ _____ Date _____ Signature _____

+ € 20,00 (Reservation fee, per room)

Total € _____

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