HOTEL GRAY D'ALBION - CANNES CARDIS 07-10 November 2016



HOTEL GRAY D'ALBION

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E.Mail : resev	entgray@can	nesbarriere.	com			
	GUE	ST CONTAC	T DETAILS (Pleas	e fill in capital letters)		
Company na	ıme					
Address						
Last Name						
First Name						
Phone Numb	oer					
Fax Number						
E.mail						
		Н	OTEL ACCOMMO	DATION		
Room Type (please tick ap	propriate)		ARRIVAL DATE	DEPARTURE DATE	NB NIGHTS	
Single occupancy Double	€ 118					
occupancy	€ 148					
Twin occupancy	€ 148					
Above room rate		tax is in ex	tra at € 1,60 per pers SPECIAL REQU		uffet breakfast. Local city	
		PAYM	IENT DETAILS MA	NDATORY		
Credit car nu	mber :			Expiry date :		
Name on card	d :			•		
I authorise tha confirmation w				ated in your booking		
SIGNED:				DATE:		
which will be ch or early departu	to be sent by e arged for the en re. Rates quote	itire nights bool d are per room	ked. This booking wil	ations must be guaranteed I be not refundable in case ove of VAT and service.	•	