

**INTERCONTINENTAL
LE GRAND HÔTEL PARIS**

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75009 Paris
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Contact: Céline Jury

HOTEL ACCOMMODATION FORM

Please fill in and return this form **before**

**** DECEMBER 21st 2006 ****

Reference : 49063

To: *paris.sales@ichotelsgroup.com*

Or fax: **(33) 1 40 07 36 94**

JURIS CONFERENCES, LLC

January 19th – 23rd, 2007

NAME:..... First Name:.....

COMPANY:.....

Company address:.....

..... Country:.....

Tel:..... Fax:.....

Email.....

Date of arrival:..... Date of departure:.....

Approximate time of arrival:.....

Kindly make a reservation (*) for:

- Classic single occupancy room at **330 euros** per room
- Classic double occupancy room at **350 euros** per room
- Superior single occupancy room at **380 euros** per room
- Superior double occupancy room at **400 euros** per room

Double bed Twin bed

(Prices per night, inclusive of service and taxes and American Buffet Breakfast).

CANCELLATION POLICY

In case of cancellation between **January 3rd 2007 and January 15th 2007**: One night stay will be charged onto the participant's credit card

In case of cancellation after **January 16th, 2007 to the arrival date** and in case of **no show**; the amount of the entire stay will be charged onto the participant's credit card

GUARANTEE

In order to guarantee my reservation, please find hereafter my credit card number as a guarantee of the first night's accommodation.

Credit card Visa Eurocard American Express
 Mastercard Diners' Club Other.....

Card Number:..... Expiry date:.....

My room and personal expenses will be paid directly at the end of my stay.
(*) submitted to room availabilities upon receipt of the reservations department.

Signature:

Date:
