



EUROGIN 2010
Monaco
February 17-20, 2010

CONGRESS DINNER FORM

Last Name:

First Name:

Title:

Phone:

Fax:

E-mail:

Country:

CONGRESS DINNER FEE:

According to availabilities (limited number of seats)

number of seats x 100,00 € = €

PAYMENT BY CREDIT CARD VISA, MASTERCARD ONLY

I authorize Eurogin to debit my card for the amount of euros

Card number:

Expiry date: /

Cryptogram (last three digits - back of the card):

Name of card holder:

Cancellation policy:

- After January 23, 2010 no refund.

Signature (agreement for condition of reservation and cancellation policy)



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