Hotel Booking Form – Targeting Mitochondria 2015

Form to return by email to $\frac{mitochondria@targeting-mitochondria.com}{or\ by\ fax\ to\ +33-9-72-30-27-63}$

I would like to b	oook an Hotel Room at R	itz Carlton Hotel for the conference Targe	eting Mitochondria 2015.
Arrival Date:		Departure Date:	Number of nights:
0	Single room	225 € / by night	
0	Double room	245 € / by night	
The room I	rate includes Breakfast d	& Internet access.	
		Important Information:	
As this is a special rate negotiated by Hotel Ritz Carlton, this booking is not modifiable or cancellable.			
	If you would like modifia	able or cancellable booking, please go dir	ectly on Ritz Carlton website.
		First name:	
-			
Street address	/ PO box:		
State / ZIP code: City:			
Email:			
I hereby, (pleas	se complete name and fi	rst name)	, authorize
	•	tal amount ofby:	*
0	Master Card	o V	/ISA
Name of Credit	Card Holder		
Credit Card Nu	mber		
Security Code.		Expiry Date	
Date:			
	edit Card Holder	Signature of Ro	ogistrant
Signature or Ci	edit Gard Holder	Signature of Ne	egisti ant
		Sales Contract	

Takayama is authorized to handle all payments for hotel booking. This Sales Contract constitutes a legally binding contract.