World Youth Championship - 20-24 Sept 2014 LE MERIDIEN NOUMEA - ROOM RESERVATION FORM

To be sent by fax only: +00 687 265 048

	New Booking □	Modification	72h prio	Cancellation 72h prior arrival: 1 night charge No show: full stay charge		
SURNAME			110 011011		ge	
FIRST NAME						
Surname / Name of 2 nd person						
sharing room						
Surname / Name of 3 rd person sharing room						
ARRIVAL DATE		Flight n° + arrival	time			
DEPARTURE DATE		Flight n° + departu	ure time			
AIRPORT TRANSFERS	Seat in coach 3.000 XPF one way	Private car D Price available or	n request	None C]	
	NET GROUP RATE					
		From 1 to 7 nights			From 8 nights	
ROOM CATEGORIES	King or Twin	King or Twin	King or		King or Twin	
and RATES (xpf)	bed room: 2 people	bed room +	bed room: 2	2 people	bed room +	
		1 rollaway bed: 3 people *			1 rollaway bed: 3 people *	
CLASSIC GARDEN VIEW ROOM	19 500 / 163.4 €	23 500 / 196.9 €	15 500 / 1	120 0 €	19 500 / 163.4 €	
SUPERIOR OCEAN VIEW ROOM	24 500 / 205.3 €	28 500 / 238.8 €	20 500 / 1		24 500 / 205.3 €	
LATE CHECK-OUT		Check out between 12am and 6pm : 50% off the room night rate				
2.1.2 61.261. 661	Check out between 6pm and 10pm : 80% off the room night rate					
Number of rooms and category	oneon .		5pm : 00 /0 0m :		gnerate	
We have 10 rooms available for a trip	nle occupancy					
Quoted per room, per night, Full						
	1.000 XPF/ 8.38 € pe	r night). Taxes ma	y change w	itilout no	tice based on loca	
government legislation	1.000 XPF/ 8.38 € pe	er night). Taxes ma	y change w	illiout no	tice based on loca	
government legislation NAME OF TEAM / DELEGATION	1.000 XPF/ 8.38 € pe	er night). Taxes ma	y change w	itilout no	tice based on loca	
government legislation NAME OF TEAM / DELEGATION		r night). Taxes may	y change w	iniout no	tice based on loca	
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address		FAX number				
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address PAYMENT GUARANTEE						
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address PAYMENT GUARANTEE TYPE of credit card		FAX number				
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address PAYMENT GUARANTEE TYPE of credit card FULL NAME of card holder		FAX number				
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address PAYMENT GUARANTEE TYPE of credit card FULL NAME of card holder Credit card NUMBER		FAX number				
NAME OF TEAM / DELEGATION ADDRESS TELEPHONE number EMAIL address PAYMENT GUARANTEE TYPE of credit card FULL NAME of card holder		FAX number				
TELEPHONE number EMAIL address PAYMENT GUARANTEE TYPE of credit card FULL NAME of card holder Credit card NUMBER		FAX number				