

Request Form CPhI 2010 in Paris

CONTACT INFORMATION	
Company name	
Company address (for invoicing purposes)	
Contactperson name	
Telephone	
E-mail address	

GENERAL GROUP INFORMATION	
Date of arrival	
Date of departure	
# of delegates	

HOTEL INFORMATION	
# of single rooms	
# of double rooms	
Classification (3/4/5 star)	<input type="checkbox"/> 3-star hotel <input type="checkbox"/> 4-star hotel <input type="checkbox"/> 5-star hotel
Location preference	<input type="checkbox"/> Close to venue <input type="checkbox"/> City center <input type="checkbox"/> Other
Hotel preference #1 (hotel name)	
Hotel preference #2 (hotel name)	
Hotel preference #3 (hotel name)	
Hotel preference #4 (hotel name)	
Other hotel information	

OTHER REQUESTS			
Meeting facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed	Dinner(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed
Transfers airport – hotel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed	Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed
Transfers Hotel – venue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed	Sightseeing tours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed
Group flights	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed	Teambuilding program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> to be discussed

