



HOTEL RESERVATION REQUEST

Event : EUROPEAN MANAGEMENT ASSISTANTS

Start date : 27/11/2010 End Date : 28/11/2010

To be returned to :
BUSINESS SOLUTIONS
ROOMS RESERVATIONS DEPARTMENT
BP 112 - 77777 Marne-La-Vallée Cedex 04
Tél : +33-(0)1 60 45 73 99 - Fax : +33-(0)1 60 45 73 98

CONDITIONS

To reserve your accommodation, please return this form duly completed by fax **no later than November 10th, 2010.**

After this date, all requests will be subject to availability.

Only the participants to the event may reserve their accommodation through this request and take advantage of the applicable price. We reserve the right to cancel any reservation made by persons unregistered for the event.

In order to confirm your reservation, you hereby expressly authorize Euro Disney Associés to directly debit the total amount of the reservation from your credit card, details of which must be completed hereunder. Please note that the debit of your credit card will occur upon confirmation of the reservation by Euro Disney Associés S.C.A.

Should such debit prove to be impossible for any reason whatsoever, Euro Disney Associés S.C.A. may cancel the reservation and shall inform you of such cancellation. In the event of total cancellation of your reservation more than seven (7) days prior to the Event starting date, cancellation fees equal to registration fees (if applicable) will be retained. In the event of no-show, partial or total cancellation of the hotel reservation within seven (7) days prior to the Event starting date, you hereby expressly agree that any amount paid be retained by Euro Disney Associés S.C.A. as cancellation fees. Cancellations must be made in writing at the fax number indicated above or following e-mail address : dlp.dbs.rooms.reservation@disney.com

YOUR DETAILS

COMPANY* : _____ NAME* : _____ FIRST NAME* : _____
ADDRESS* : _____
POSTAL CODE* : _____ CITY* : _____ COUNTRY* : _____
PHONE* : _____ FAX* : _____ E-MAIL* : _____

Yes, I would like to receive an invitation by e-mail for an online satisfaction survey *.

No, I would not.

(*) Mandatory Information

Information required to process reservations for the use of Euro Disney Associés S.C.A., its contracting partners and The Walt Disney Company group of companies. In accordance with French law dated 6 January 1978 on data processing, files and rights, you have the right to access and rectify your personal data, by notifying Euro Disney Associés S.C.A., Business Solutions Marketing Department, B.P. 100, 77777 Marne-la-Vallée Cédex 4, France.

* For this purpose, I consent that my e-mail address be transferred and stored in the U.S.A. in The Walt Disney Company group for the length of the survey analysis, i.e. 30 days maximum.

HOTELS

ARRIVAL DATE :

NUMBER OF ADULT(S):

DEPARTURE DATE :

NUMBER OF CHILDREN (3 to 11 years incl.):

HOTELS	NR OF NIGHTS	ROOM RATE (per room & per night)	REGISTRATION FEE	TOTAL AMOUNT	LOCAL HOTEL OCCUPANCY TAX (indicative amounts)
NEWPORT BAY CLUB		€149	€10	€	€1.10

Above room rate applies for the night of November 27th, 2010.

Booking extensions – for nights other than November 27th, 2010 – will be granted upon availability only.

The room rate includes VAT and continental breakfast (served in the restaurant of the hotel), excludes local hotel occupancy tax - per person and per night - which is to be paid directly at the hotel. This tax may be subject to change without prior notice.

Our rooms can accommodate from one to four persons; check-in time is after 3 pm, check-out before 11am - local time.

[] Please tick if you need more than 1 (one) room and fill in as many forms as rooms required.

Number of rooms : _____

PAYMENT

Reservations will be processed and confirmed only if returned with a means of payment (credit card or cheque in Euro from a bank in France issued to the order of Euro Disney Associés SCA). Payment by cheque accepted only if booking is made more than 7 (seven) days prior to the Event date.

Important note: card holder's signature is compulsory for any payment with a credit card.

CREDIT CARD NR _____ / _____ / _____ / _____ EXP DATE ____ / ____

CARD HOLDER'S NAME :

CARD HOLDER'S SIGNATURE :

The confirmation number of your reservation, required for validating your request, will be communicated to you by fax or e-mail. Please provide this number upon check-in at your hotel and on any correspondence.