Please rei before: 19 Please write i 1. DELEGAI NAME :	eturn this form 9th July 2002 to in block letters TE : NE : RESERVATION : wiss Francs. These rate ervices charges. Local ta R	PFL, 2-6 September 2(LAUSANNE TOURISME Ref.: ORG/MAGLEV02 P.O. Box 49 CH-1000 LAUSANNE 6 Mr Mrs FIRST NAME : FIRST NAME : FIRST NAME : FAX : Sare net and are understood per room / night an axes to be added from (Sfr 0.80 to Sfr 2.60) de ooms with bath/shower, breakfast in Single/Double in single use*	e-mail : organisation@lausani Tel. : ++41/21/613.73.16 Eax : ++41/21/616.86.47	Please do not
Please write i Please write i 1. DELEGAT NAME :	9th July 2002 to in block letters TE :	Ref.: ORG/MAGLEV02 P.O. Box 49 CH-1000 LAUSANNE 6 Image: I	Tel. : ++41/21/613.73.16 Eax : ++41/21/616.86.47 Ms CITY :	Please do not write in this column
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***** **** Sup. **** *** * Should the double roo				
***** **** Sup. **** *** * Should the double roo	GORY	Single/Double in single use*	Double	
**** Sup. **** *** * Should the double roo				1
* Should the double roo		Sfr. 400 Sfr. 275 Sfr. 200* / Sfr. 230	Sfr. 460 Sfr. 305 Sfr. 265	Code hôtel
I wish to r	e demand for single roo ooms for single occupan	Sfr. 155* / Sfr 180 ms exceed the available capacity, it may be nece cy.	Sfr. 205	
	reserve	– room(s) with bed(s)		Code chambre
In order c	of preference:	category 1 category 2		
Arrival da	ate :	_ Departure date :		
The book the reserv	king will become defir vation, Lausanne Tor	irmation, each participant will have to pay a nitive on receipt of the deposit. Subsequent urisme should be notified directly. cellation will be shown on the hotel conf	tly, in the event of changes in	
Date : _		Cignoture		