

**‘DISLOCATIONS 2004’ - ACCOMPANYING PERSONS RESERVATION FORM**  
**‘La Colle-sur-Loup’, FRANCE, September 13 – 17, 2004**

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*Please print out two copies of this form (use CAPITAL LETTERS) and return the forms **by mail or by fax** to:*

Sylvie MONMAYER  
VVF la Canterelle “La Bergerie”  
Chemin de Montmeuille  
F – 06480 La Colle-sur-Loup  
FRANCE  
Fax : +33 4 93 32 54 18

**and**

Benoit DEVINCRE  
LEM, CNRS-ONERA  
BP 72, 29 av. de la Division Leclerc  
F – 92322 Chatillon CEDEX  
FRANCE  
Fax : +33 1 46 73 41 55

**NAME : Mr / Ms /Mrs**

.....  
*(Last or family Name)*

.....  
*(First or Given Name)*

**NAME : Mr / Ms /Mrs**

.....  
*(Last or family Name)*

.....  
*(First or Given Name and age if less than 16)*

**NAME : Mr / Ms /Mrs**

.....  
*(Last or family Name)*

.....  
*(First or Given Name and age if less than 16)*

**ADDRESS:**

.....  
.....  
**City :**..... **Postal code /ZIP :**..... **Country :**.....  
**Phone :**..... **Fax :**.....  
**E-mail :**.....

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**ACCOMPANYING PERSON NAME:**

*(The person registered to “Dislocations 2004”)*

.....  
*(Last or family Name)*

.....  
*(First or Given Name)*

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**Comments and particular request:**

Dear Sir/Madam

I hereby confirm my reservation at the ‘VVF la Canterelle’

from (arrival date):

to (leaving date):

as a person accompanying Mr/Ms:

who is registered to the conference

‘Dislocations 2004’ to be held at the ‘VVF la Canterelle’ (September, 13-17, 2004).

For my stay, I agree to pay on site directly to VVF, an extra rate of 67€ /day/person including my lodging and a full board (breakfast, lunch and dinner).

Sincerely yours

(Signature)