



**EU CAP 2006**  
**Nice Acropolis, 6-9 NOVEMBER 2006**

**OPTIONAL TOURS FORM**  
**Deadline for booking your tour : November 1<sup>st</sup> , 2006**  
**Please fill in CAPITAL LETTERS**

Mr	Mrs	Miss
SURNAME : .....		
FIRST NAME .....		
ADDRESS : .....		
ZIP : .....CITY : .....		
COUNTRY : .....		
TEL. :...++..... FAX:...++.....		
E-MAIL : .....		
Accompanying person (Surname and first name):.....		

**OPTIONAL TOURS**

.....**Excursion Tuesday 7<sup>th</sup> November 2006**    **25 € x**    **person(s) = .....** €  
*Visit of the Old town of Nice – Pedestrian Tour– Half Day – From Acropolis Congress Centre*  
*Departure 9h00 – Return 12h30*

.....**Excursion Wednesday 8<sup>th</sup> November 2006**    **55 € x**    **person(s) = .....** €  
*Visit of Cannes and Saint Paul - Full Day – From Acropolis Congress Centre*  
*Departure 09h00 – Return 18h00*

.....**Excursion Thursday 9<sup>th</sup> November 2006**    **46 € x**    **person(s) = .....** €  
*Discover of Monaco - Half Day– From Acropolis Congress Centre*  
*Departure 14h00 – Return 18h30*

**Tours Cancellation Policy**

For any cancellation, no refund on the amount paid will be made.  
The tours can be cancelled if a minimum of 20 persons per each tour is not reach. Is that case, you will be refunded.

<b>TOTAL TO BE PAID =</b>	<b>.....€</b>
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VISA , MASTERCARD
- I hereby authorise Voyages C.MATHEZ to debit my credit card – Amount:_____
Card holder's name: _____
n° _____ Validity date ____/____
Last three digits on the back of your credit card:_____
Signature :

**I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS AS OUTLINED ABOVE**

**SIGNATURE**

<p><b>FORM</b> to be completed and returned before <b>November 1<sup>st</sup>, 2006</b> to :</p> <p><b>Voyages C. MATHEZ</b> – 4 av Georges Clemenceau - 06000 NICE (France) Tel : (33) 4.93.82.68.82 - Fax : (33) 4.93.87.93.60 <b>e-mail : cindy.cohen@matheztravel.com</b></p>
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