

REGISTRATION FORM
IPS Biennial 2002 – French Riviera
AND/OR

Post Tour: Les Jardins du Sud Méditerranéen

**COMPLETE BOTH SIDES FULLY AND CLEARLY, AND MAIL OR FAX WITH
PAYMENT TO HAVAS VOYAGES AS INDICATED.**

**ABSOLUTE DEADLINE FOR REGISTRATION IS AUGUST 18, 2002,
or upon reaching maximum attendance number for the event in question.**

COMPLETE NAME (S) _____

ADDRESS: _____

COUNTRY _____ TELEPHONE _____

FAX (if available) _____ EMAIL _____

DATE _____ SIGNATURE(S) _____

I (WE) PLAN TO ATTEND THE 2002 (CHECK APPROPRIATE ITEM)

Biennial Meeting only (150 maximum)

☐

Post Biennial Tour only (50 maximum)

☐

Biennial Meeting AND Post Biennial Tour

☐

I WILL BE ACCOMPANIED BY _____ PERSON(S) (give number)

NAME (S) OF ACCOMPANYING PERSON(S) IS/ARE _____

REGISTRATION AMOUNTS in European Currency (Euros, €):

BIENNIAL, 3-star €1100.00 double occupancy X number of Attendees _____

€1350.00 single occupancy X number of Attendees _____

3-star third person occupancy (add €990.00 for third person in
the room with other two participants to pay double occupancy) _____

BIENNIAL, 2-star € 950.00 double occupancy X number of Attendees _____

€1150.00 single occupancy X number of Attendees _____

2-star third person occupancy (add €855.00 for third person in
the room with other two participants to pay double occupancy) _____

Names other 2 roommates for triple occupancy _____

€90 per person per day for those not needing accommodations

X number of attendees X number of days (full biennial is 7 days) _____

NON-IPS MEMBER FEE (including year 2003 IPS Membership) _____

€60 per registration (spouse & children excepted) _____

POST TOUR €1800 double occupancy X number of Attendees _____

€3600 single occupancy X number of Attendees _____

TOTAL OF ABOVE (Total amount due for Registrations) _____

(Continued on reverse side. If faxed, please send completed front and back pages.)

METHOD OF PAYMENT OF AMOUNT ABOVE (CHECK WHERE INDICATED). If paying only 30% then remainder is your responsibility to pay before 18 August 2002 or your reservation will be subject to cancellation and your initial payment will be forfeited.

____ I have enclosed an international bank draft or international money order in Euros (€) made payable to **Havas Voyages** for all ____ or 30% ____ of the total amount indicated above on this Biennial/Post Tour Registration Form [reverse side of this form] and have completed this form.

(OR)

____ I will wire transfer all ____ or 30% ____ of the total amount indicated above in Euros to **Havas Voyages** and send them this registration form by fax or mail to Havas Voyages.

(OR)

____ I wish to charge all ____ or 30% ____ of the total amount indicated above, payable to **Havas Voyages** to my: (select) Visa MasterCard American Express
(Contact Havas to confirm "other") Discovery Diners Club Other _____

Card Holder's Name as it Appears on the Card (plainly) _____

Card Number _____ - _____ - _____ - _____ Expiration Date ____/____/____

Card Holder's Signature _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK:

I (we) am aware that during the 2002 IPS Biennial/Post Tour and its excursions or other trips in which I am participating under the arrangements of the **International Palm Society and/or Four de Palmiers or Havas Voyages** and their agents or associates, certain risks and dangers may occur, including but not limited to, the hazards of traveling in mountainous areas, accident or illness in remote places, the forces of nature and travel by air, boat, automobile, or other conveyance. In consideration of, and as part payment for, the right to participate in such trips or other activities, including services and food arranged for me by the **International Palm Society and/or Four de Palmiers or Havas Voyages** or their agents or associates and all persons connected thereof, I have read this and do hereby assume all of the above risks and will hold them harmless from any and all liability, actions, causes of action, debts, claims, demands of every kind and nature whatsoever which I now have or which may arise of or in connection with my trip or participation in any other activities arranged for me by the entities named above. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, and administrators and for all members of my family including any minors accompanying me. I have read and agree to the above conditions and release of liability and assumption of risk.

SIGNATURE(S): _____ / _____ DATE _____

PLEASE CHECK IF APPLICABLE: I have a disability condition or special needs that may/will (circle one) need attention. Please describe: _____

DOUBLE OCCUPANCY ROOMMATE SELECTION: Unless requested otherwise, random pairing of roommates will occur with double occupancy with same sex selection and attempts to match non-smokers with other non-smokers. Please make preference below:

I WISH TO SHARE A ROOM WITH (name of other Attendee) _____

I AM A Smoker Non-Smoker

I understand that confirmation/registration packets will be forwarded to me well in advance of Biennial dates. **I understand that it is my responsibility to obtain any health and accident or other insurance needed for these events.**

INTERNATIONAL AIRLINE TICKET: I will / will not (circle one) book my international ticket through Havas Voyages. [for information only]

MAIL OR FAX THIS COMPLETED FORM WITH PAYMENT TO:

Madame Christiane ESTEVAN

Havas Voyages

2, Avenue Jean-Jacques Perron,

83412 Hyères les Palmiers, **FRANCE**

Fax: (+33) 494 12 62 02

Telephone: (+33) 494 65 68 18

(From the USA, add prefix 011+)

E-mail : christiane.estevan@havasvoyages.fr