

# SIU 2007

## 29th Congress of the Société Internationale d'Urologie

September 2-6, 2007  
Paris, France

### TOUR FORM

PLEASE COMPLETE AND RETURN THIS FORM, ALONG WITH YOUR PAYMENT, TO:

**Colloquium - SIU 2007** 12, rue de La Croix Faubin  
75557 Paris  
CEDEX 11 France

Tel: +33.1.44.64.15.15  
Fax: +33.1.44.64.15.20  
siu2007@colloquium.fr



Register online at: [www.siu2007.com](http://www.siu2007.com)

#### 1. IDENTIFICATION

Please complete this section with care. This information will allow us to correspond with you efficiently.  
Please pay particular attention to notifying us of any change in e-mail address.

TITLE  LAST NAME  FIRST NAME

ACCOMPANYING PERSON LAST NAME  FIRST NAME

Preferred Mailing Address:

INSTITUTION

ADDRESS

CITY  PROV./STATE  COUNTRY

POSTAL CODE/ZIP  TEL (DAY)  FAX   
country code • area code • number

E-MAIL (MANDATORY)

PASSPORT No.  NATIONALITY

EXPIRATION DATE     
MONTH DAY YEAR



If you have any special needs, please attach a separate letter.

#### 2. CHOICE OF TOURS

Please indicate the number of tickets you wish to purchase for each tour and your preferred day/time. Tours will be led by English-speaking guides.  
All rates are in Euros, per person, and inclusive of taxes.

TOURS		TICKETS	PRICE	SUBTOTAL
PS	<b>Seinorama</b> <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Monday, Sept. 3 <input type="checkbox"/> Tuesday, Sept. 4 <input type="checkbox"/> Wednesday, Sept. 5  14:15-18:15		€46	€
PH	<b>Historic Paris</b> <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Monday, Sept. 3 <input type="checkbox"/> Tuesday, Sept. 4 <input type="checkbox"/> Wednesday, Sept. 5  09:30-13:15		€52	€
ML	<b>Montmartre and the Louvre</b> <input type="checkbox"/> Monday, Sept. 3 <input type="checkbox"/> Wednesday, Sept. 5  14:00-18:30		€59	€
GL	<b>Grand Louvre</b> <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Monday, Sept. 3  09:45-12:15		€40	€
VA	<b>Versailles Apartments (please circle time desired)</b> <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Tuesday, Sept. 4 <input type="checkbox"/> Wednesday, Sept. 5  09:15-12:45  14:00-17:30		€62	€
G	<b>Monet's Giverny</b> <input type="checkbox"/> Tuesday, Sept. 4 <input type="checkbox"/> Wednesday, Sept. 5  13:45-18:45		€65	€
<b>SUBTOTAL A</b>			€	€

### 3. PRE-/POST-CONGRESS TOURS

All prices below are in Euros, per person, in double occupancy\*. Tours will be led by English-speaking guides.

TOURS		TICKETS	PRICE	SUBTOTAL
RC	<b>Reims and Champagne</b> <input type="checkbox"/> Tuesday, Aug. 28 <input type="checkbox"/> Friday, Aug. 31 <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Sunday, Sept. 9 <input type="checkbox"/> Tuesday, Sept. 11 <input type="checkbox"/> Friday, Sept. 14 <span style="float: right;">🕒 08:00-18:30</span>		€96	€
CL1	<b>Châteaux de la Loire</b> <input type="checkbox"/> Thursday, Aug. 30 <input type="checkbox"/> Friday, Aug. 31 <input type="checkbox"/> Saturday, Sept. 1 <b>One-day tour</b> <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Monday, Sept. 10 <input type="checkbox"/> Tuesday, Sept. 11 <input type="checkbox"/> Wednesday Sept. 12 <span style="float: right;">🕒 07:15-19:45</span>		€138	€
CL2	<b>Castles of the Loire Valley</b> <input type="checkbox"/> Saturday, Sept. 1 <input type="checkbox"/> Saturday Sept. 15 <b>Two-day tour*</b> <span style="float: right;">🕒 07:15 departure</span>		€332	€
MS1	<b>Mont St-Michel</b> <input type="checkbox"/> Thursday, Aug. 30 <input type="checkbox"/> Friday, Aug. 31 <input type="checkbox"/> Saturday, Sept. 1 <input type="checkbox"/> Sunday, Sept. 2 <input type="checkbox"/> Monday, Sept. 10 <input type="checkbox"/> Tuesday, Sept. 11 <input type="checkbox"/> Wednesday Sept. 12 <span style="float: right;">🕒 09:45-12:15</span>		€155	€
<b>SUBTOTAL B</b>				€

### 4. PAYMENT

<b>SUBTOTAL A €</b>	<b>SUBTOTAL B €</b>	<b>TOTAL €</b>
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#### CREDIT CARD ONLY

I hereby authorize *Colloquium* to debit my credit card account in the amount indicated above.

CARDHOLDER'S NAME
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Visa  MasterCard Expiry Date 

MONTH	YEAR

CARD NUMBER
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CCV NUMBER (last 3 digits on the back of your card)
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Signature of Cardholder \_\_\_\_\_  
(Authorizing charge and acknowledging payment/cancellation policy)

Please fax front and back of form as well as imprint of card. No bookings can be processed without this information.

### TERMS & CONDITIONS

Reservations for all services are guaranteed only upon receipt of client booking, accompanied by corresponding payment. Reservations will be accepted on a first-come, first-served basis.

Early booking is recommended, as on-site availability cannot be guaranteed.

Client is responsible for all bank charges related to payment.

Prices are subject to change without prior notice.

The organizers reserve the right to cancel any tour with insufficient registrations. Children under 7 will not be admitted on tours.

Cancellation terms: cancellation is considered effective only upon receipt of written notification. If cancellation notice is received by Colloquium prior to 15 weeks before departure, 75% of the total amount due will be refunded. If the cancellation is made between 15 and 11 weeks before departure, 50% of the total amount due will be refunded. If the cancellation is made 11 weeks or less before departure, no refund will be made.

### AGREEMENT

I acknowledge that I have read and agree with the terms and conditions stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_