



**SYSID 2009**  
**SOCIAL PROGRAM FOR ACCOMPANYING PERSON(S)**

In order to register your reservation, we would like you to fill this form and to send it back to us before June, 22<sup>nd</sup>:

- By e-mail : [saint-malo-voyages@wanadoo.fr](mailto:saint-malo-voyages@wanadoo.fr)
- By post : Saint Malo Voyages Concept - 41 Quai Duguay Trouin - 35400 Saint Malo - France
- By fax : 0033 (0)2 99 40 48 05

**(All the reservations are subject to availability the day you make it)**

Name : ..... First name : ..... Mobile number : .....  
 Full Address: .....  
 .....  
 E-mail : .....

**YOUR CHOICE(S)**

Date	Excursion	Number of persons		Fare		Total
July, 06 <sup>th</sup>	Coastal and Earth discovery of Saint Malo*	.....	X	34.00 €	=	.....Euros
June, 08 <sup>th</sup>	Dinan (Half Day)*	.....	X	45.00 €	=	.....Euros
<b>Total amount for the reservation</b>					=	.....Euros

\* Minimum 10 persons.

25% OF DEPOSIT AT RESERVATION. THE BALANCE WILL BE PAID ON MONDAY, JULY 06<sup>TH</sup> MORNING IN PALAIS DU GRAND LARGE IN ST MALO.

**AUTHORISATION TO DEBIT MY CREDIT CARD**

I, the undersigned, .....  
 Living at..... Street.....  
 Area code ..... Town ..... Country.....  
 allow the agency Saint-Malo Voyages Concept to debit the amount: .....Euros  
 for the services above.

Credit card number: |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|

Security code: |\_|\_|\_|\_|\_| (see the 3 last numbers on the back of the credit card)

Expiration date (month/year): \_\_\_\_ / \_\_\_\_

Cardholder Signature: