**DUNOIS - BRGM**

**Booking Form**

*This form must be carefully filled and sent 6 days minimum before the 1st journey*

Tel. : **+33 (0)2.38.70.01.00** - Answering service 24h/24h : **+33 (0)2.38.70.95.06**

Fax : **+33 (0)2.38.70.95.18 -** e-mail : **lignedirecte@dunois.fr**

----------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| **REQUESTER IDENTIFICATION** |

|  |  |
| --- | --- |
| **Booking date**  **Requester**  **Organisation**  🕿 :  **🖨** :  **E-mail** |  |

|  |
| --- |
| **TRAVELLER(S) IDENTIFICATION** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME / First Name** | **BRGM staff** | | | **BRGM PERSONNEL and EXTERNAL PARTNER** | |
| **EVENT CODE** | |
| **SERVICE ou**  **DIRECTION** | **N° Agent** | **N° Ordre**  **de Mission** | **HDWG 2015 – BRGM** |  |

**CONTACT DETAILS (Phone Nbers):**

* Home :
* Work  : .
* Mobile  : .

**Pick-up address :**

**(eg. :Airport/terminal, Hotel, BRGM ….)**

|  |  |
| --- | --- |
| **ONWARD TRIP** | **RETURN TRIP** |
|  |  |
| **From  :** | **From  :** |
| **To** :  **Date** | **To** :  **Date** |
| **Flight N°** | **Flight N°** |
| **Time :** | **Time :** |
| **Town  :** | **Town  :** |
| **Nber of passengers** : | **Nber of passengers** : |
| *Will travel with:*  *If travelling with another meeting participant* | *Will travel with:*  *If travelling with another meeting participant* |
| *Comments:* | *Comments:* |
| *Payment to Driver   YES* □ *NO* □ | *Payment to Driver   YES* □ *NO* □ |

**Shuttle type :**

standard □ Prioritaire 🞎 Spéciale BRGM □