**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**

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

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

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| **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 □