## FORM TO COMPLETE FOR ANY ORDER OF GOOD GIFT

People offering the gift	voucher:
Name:	First names:
Address :	
Mail:	
Phone:	
I wish to benefit:	
Name:	First name:
Phone :	
On the occasion of (optio	nal):
Formula retained:	
1. One night for two peop	le breakfasts included outside July / August for 90 €
	le breakfasts and 2 hours of acess to the relaxation area as an $\alpha$ aperitif getaway $\alpha$ (5.30 ivegetaway $\alpha$ (9p.m/11 p.m) with a drink of your choice (champagne or other) except July $\alpha$
	ole an « gourmet getaway » 3 hours of the wellness area from 7.30 pm to 10.30 pm with pagne and breakfasts included outside July / August for 220 €
4. Other formula ( severa	nights) defined with L'Empreinte: (note details and rates):
For july/august: from 3 nigh	to the relaxation area (25 € / 2 pers / hour) according to availability.  t included (indicative: 0.88cts/adult/night in 2020)
If you pay by check, ple	ease return this form with your payment to:
Druinot Catherine L'EMPF	REINTE
150 Voie Antonin le Pieux	
07150 SALAVAS	
If you wish to make a b	ank transfer, return this form by mail to:
contact@lempreinte-arde	echoise.com
Accompanied by a bank t	ransfer RIB:
CREDIT AGRICOLE SUD	RHONE ALPES
Nom ou raison sociale :	DRUINOT Catherine
Bangue : 13906 Guich	et : 00003



IBAN: FR76 1390 6000 0385 0510 4353 210 BICS: AGRIFRPP839

L'EMPREINTE thanks you for this order and also hopes to welcome you.

