

Spéléovision'2002

Order form

Your address :

Surname : _____ Name : _____
 Address : _____
 Zip Code _____ Town : _____
 Country : _____ e-mail : _____ @ _____

■ Pass	Prix U.	Quantity	Sub-total
Full pass from thuesday to sunday : *	65 €		
Full pass from friday afternoon :	55 €		
Full pass from saturday morning :	45 €		
Pass «screening only» from thuesday to sunday : **	30 €		
■ Tickets à la séance			
Screening ofThuesday afternoon (14 h)	5 €		
Thuesday evening, "caving in Papua" (20 h 30)	7 €		
Screening of friday morning (child only)	2 €		
Screening of friday afternoon (14 h)	5 €		
Friday evening (20 h 30)	7 €		
Screening of saturday morning (9 h)	5 €		
Screening of saturday afternoon (14 h)	5 €		
Award gala night (including meal) (20 h30)	20 €		
Screening all sunday, 10 h à 16 h (awarded films !):	6 €		
■ La Boutique du festival			
Programm (sold separatly) ***	3 €		
Programm (sold with at least 2 tickets) :	2 €		
T-Shirt (sold separatly),available in XL, L, M and child	12 €		
T-Shirt (sold with at least 2 tickets)	10 €		
Poster 120 * 176 cm in serigraphy	6 €		
Poster 30*42 cm offset quadri	3 €		

Your order will be available since august 20 at office du tourisme de La Chapelle-en-Vercors and, since august 22, 10 h, at the entrance of the "salle polyvalente".

TOTAL :

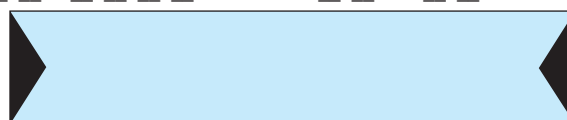
Nota Bene :

- * The full pass include a personnal badge allowing free circulation in the festival, plus one T-shirt (XL, L, M ou enfant), the program (32 pages, quadri), and a A2 poster for the first order.
- ** The Pass "screening only" include a personnal badge allowing free circulation in the festival, but without T-shirt, program or poster) **and not** gala night of saturday night.
- *** The programm : 32 pages full color, presents all films in contest, the programm of special events, and the topos of 3 rigged caves for the festival.

Payment :

- by check in Euro on a french bank (by post only)
- by transfer free of all bank commission on Crédit Agricole Sud-Rhône-Alpes IBAN FR76 1390 6001 3077 8671 6500 071
- by credit card VISA ou MASTERCARD : | _ | _ | _ | _ | | _ | _ | _ | _ | | _ | _ | _ | _ | _ | _ | _ | _ | validity | _ | _ | _ | / | _ | _ | _ |

Name of cardholder : _____ Date and sign (obligatory)



(In case of credit card, you can send this form by fax)

Festival's office : phone +334 75 48 13 72 • fax +334 75 48 14 58