



8<sup>th</sup> - 10<sup>th</sup> October 2012

Casa Convalescència, Barcelona

# HOTEL RESERVATION FORM

Please read carefully the Reservation conditions before sending the reservation request:

Family name:	First name:
University/Institution:	
Mailing Address:	
Country:	
Telephone:	Fax:
E-mail:	

Wishes to reserve \_\_\_ room/s in the hotel (please tick the appropriate box)  
(Please indicate number of rooms)

		Single Occupanc y Room		Double Occupanc y Room	FAX Number email
<b>Hotel St.Pau **</b> C/St. Antoni Ma. Claret, 173 08041 BARCELONA	<input type="checkbox"/>	93.00€*	<input type="checkbox"/>	115.00€*	+34 93 433 41 51 <a href="mailto:santpaureservas@grupoamrey.com">santpaureservas@grupoamrey.com</a>
<b>Hotel Ayre Rosselló ****</b> C/Rosselló 390 08025 BARCELONA	<input type="checkbox"/>	122.00€*	<input type="checkbox"/>	134,00€*	+ 34 93 231 86 75 <a href="mailto:grupos3.barcelona@ayrehoteles.com">grupos3.barcelona@ayrehoteles.com</a>

**\*Price per room per night. Breakfast included. 10% TAX included**

Date of arrival: \_\_\_/\_\_\_/2012 Date of departure: \_\_\_/\_\_\_/2012 Nights: \_\_\_  
Day/month Day/month

Number of nights: \_\_\_\_\_ Name of the guests: \_\_\_\_\_

(FAMILY NAME and NAME if different of signature)

OBSERVATIONS:

*Please send this registration form to the hotel as soon as possible by FAX or email. The reservation will be confirmed upon availability on a first-come first-served basis.*

***Participants should pay the bill directly to the hotel on departure. Hotel will confirm those reservations with full Credit Card details only.***

I HEREBY GUARANTEE MY RESERVATION WITH \_\_\_\_\_ CARD (indicate type of credit card)  
I AUTHORISE THE HOTEL TO CHARGE THE AMOUNT OF ONE NIGHT STAY IF CANCELLATION OF  
THE RESERVATION HAPPENS 48HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO  
SHOW.

Credit Card Number: \_\_\_\_\_

Name Cardholder: \_\_\_\_\_ Expiry date: \_\_\_/\_\_\_/

Date: \_\_\_/\_\_\_/\_\_\_  
Day/month/year

Signature: \_\_\_\_\_