Casa Convalescència
Barcelona 8 June -10 June 2017

ACCOMMODATION BOOKING FORM

Please read carefully the reservation conditions before sending the reservation request

CONTACT DETAILS

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
EMAIL	PHONE

THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED

Wishes to reserve _____ room/s in the following hotel:
(Please indicate number of rooms)

Please send this form DIRECT to the chosen hotel by Email or Fax

HOTEL	Single	Double	SEND REQUEST TO:
Hotel Amrey Sant Pau* http://www.hotelsantpau.com/ C/ Sant Antoni Maria Claret, 173 Just in front of Casa Convalescència	100,00€	120,00€	*booking@hotelsantpau.com* *FAX: +34 93 433 41 51* *Phone 93 433 51 51*
Hotel Ayre Rosellon* http://www.ayrehoteles.com/hotel-rosellon/ C/ Rosselló, 390	170,50€	176,00€	*grupos3.barcelona@ayrehoteles.com* *FAX: +34 93 231 86 75* *Phone +34 93 600 92 00*

Price per room per night. Offer applicable from 7 June until 11 JUNE 2017.
Breakfast & 10%TAX included. TOURIST TAX not included.

Date of arrival: _____/_____/2017 (day/month) Date of departure: _____/_____/2017 (day/month) Number of nights: _____

I have arranged to share with, or will be accompanied by (name): _____

SPECIAL REQUESTS:

PLEASE NOTE

The pre-booking period is open until ***4 May 2017***
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)

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry date: | | | Name of the Cardholder: _____

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT IF CANCELLATION OF THE RESERVATION HAPPENS 48 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO SHOW.

Date: _____/_____/_____ (day/month/year) *Signature:*

Agència de Promoció d'Activitats i de Congressos
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