

**GEO European Projects' Workshop (GEPW-7)**

Barcelona 15-16 April 2013

UAB Casa Convalescència

HOTEL
BOOKING
FORM

Please read carefully the reservation conditions before filling in 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)
(number of rooms)

	Single Occupancy Room	Double Occupancy Room	FAX Number email
1. Hotel St.Pau ** C/St. Antoni Ma. Claret, 173 08041 BARCELONA	<input type="checkbox"/> 93,00€*	<input type="checkbox"/> 115,00€*	+34 93 433 41 51 santpaureservas@grupoamrey.com http://www.hotelsantpau.com/
2. Hotel Ayre Rosselló **** C/Rosselló 390 08025 BARCELONA	<input type="checkbox"/> 127,00€*	<input type="checkbox"/> 137,00€*	+34 93 600 92 01 grupos3.barcelona@ayrehoteles.com http://www.ayrehoteles.com/es/hoteles/ayre-hotel-rosellon-barcelona/el-hotel/home/
3. Hotel Confortel Belart **** C/Lepant , 406 08025 BARCELONA	<input type="checkbox"/> 117,00€*	<input type="checkbox"/> 127,00€*	+34 93 433 43 69 agallego.confortel@once.es http://confortel-bel-art.com/

***Price per room per night. Breakfast included. 10% TAX included
Touristic TAX not included**Date of arrival: ___/4/2013 Date of departure: ___/4/2013 Nights: ___
Day/month Day/month

Number of nights: ___ Name of the guests: _____

(FAMILY NAME and NAME if different of signature)

*Please send this registration form to the chosen 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.**Special Requirements: 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 24 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO SHOW.Credit Card Number: Name Cardholder: Expiry date: ___/___/___
Day/month/yearDate: ___/___/___
Day/month/year

Signature: _____

