

Barcelona 28-30 June 2016

Please read carefully the reservation conditions before sending the reservation request.



SURNAME		NAME
COMPANY/UNIVERSITY		
MAILING ADDRESS		
EMAIL		PHONE

(Please indicate number of rooms)

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

HOTEL	Single	Double	SEND REQUEST TO:
Hotel Amrey Sant Pau** C/ Sant Antoni Maria Claret, 173 Just in front of Casa Convalescència	93,00€	115,00€	santpaureservas@grupoamrey.com FAX: +34 93 433 41 51 Phone 93 433 51 51
Hotel Ayre Rosellon**** C/ Rosselló, 390	125,00€	130,00€	grupos3.barcelona@ayrehoteles.com FAX: +34 93 231 86 75

Breakfast & 10%TAX included. TOURIST TAX not included.

Date of arrival: ____/____/2016 Date of departure: ____/____/2016 Number of nights: _____
day/month day/month

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

SPECIAL REQUESTS:

The pre-booking period is open until **2 MAY 2016**. After this date, reservations will be confirmed on a first-come first-served basis, subjected to availability. **Guests are required to pay their bill to the hotel directly. Only reservations that provide full Credit Card details on this form will be confirmed by the Hotel**

I HEREBY VALIDATE MY RESERVATION WITH _____ CARD (indicate type of credit card)

[illegible]

Expiry date:

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 Name of the Cardholder: _____

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT'S ACCOMMODATION IF CANCELLATION OF MY RESERVATION IS MADE 48 HOURS BEFORE DATE OF CHECK IN, OR IN CASE OF NO-SHOW

Date: ____/____/____
Day/ month / year

Signature: