

## Simposio Internacional sobre Terapéutica Endovascular International Symposium on Endovascular Therapeutics

Congreso Latinoamericano de Cirugía Endovascular Cirujanos Endovasculares de Latino América



Barcelona, from 24th to 27th June 2015 · Palau de Congressos de Catalunya

## **HOTEL BOOKING FORM**

For block bookings (10 rooms and up) companies are requested to send their request by fax or Email to Kuoni Destination Management S.L.: Fax: +34 93 488 37 03 <a href="mailto:secretariat@sitesymposium.org">secretariat@sitesymposium.org</a>

HOTEL	Standard DSU (1 person)	Standard DBL (2 persons)
NH Barcelona Stadium Hotel 4* Travessera de les Corts, 150-152 / 08028 Barcelona	133,21€	148,72€
Madanis Hotel 4* Riera Blanca 10 / 08903 L'Hospitalet	80,99€	101,98€

All Rates are in Euro (€), per room, per night, including breakfast & VAT.

**DSU = DOUBLE ROOM SINGLE USE DBL = DOUBLE ROOM** 

> **Note:** Barcelona tourist tax <u>is included</u> in the room rates. EUR 1.21 per person per night in a 4\* hotel (Barcelona) EUR 0.99 per person per night in a 4\* hotel (L'Hospitalet)

Please PRINT in BLOCK LETTERS and FAX, Email or AIRMAIL to:



Avenida Diagonal, 416, 3º 1ª 08037 Barcelona | Spain Tel: +34 93 505 25 03

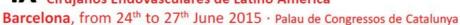
Fax: +34 93 488 37 03 Email: secretariat@sitesymposium.org

IDENTIFICATION				
Please complete	this section accurately. The information	n you provide will allow us to corres	pond with you efficiently.	
Participant: (Pl	ease TYPE or PRINT IN BLOCK LETTERS	5)		
Family Name:		First Name:		
Title: □ Prof.	□ Dr. □ Mr. □ Mrs. □ Ms.			
Mailing Addres	s:   Office			
Institute/Compa	ny:			
Dept.:				
No:	Street:	Suite/Apt:		
City:	State/Province:	Country:	Post Code:	
Telephone (office	e hours): Country code/city code/numb	er:		
Fax: Country cod	de/city code/number:			
F- Mail Address:				



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### ACCOMMODATION IN BARCELONA HOTELS

ACCOMMODATION IN BARCELONA HOTELS			
Type of room required: ☐ Single ☐ Double* ☐	Other :		
Hotel:			
Check-in Date://2014 Check-out Date	e://2014  Total night/s:		
* I will share my accommodation with:			
CONDITIONS AND CANCELLATION POLICY			
Reservations will only be confirmed once payment	: has been received.		
- All cancellations and modifications must be sent	to Kuoni Destination Management Barcelona in writing (fax, letter or email) at any		
stage prior to or during the event.			
- Cancellations sent before $26^{\text{th}}$ March 2015 will be	e refunded minus a 30% administrative fee. After that date, cancellations will not		
be refunded. All refunds will be made after the $\ensuremath{Sy}$	mposium.		
- In the event of non-arrival, the hotel will automa	atically release the reservation, and all payments will be non-refundable.		
- Early Departure Fee: Guests will be charged in f	ull for checking out prior to the departure date confirmed.		
PAYMENT			
Please indicate the amount enclosed and preferred	d mode of payment. Ensure that you send your fully completed accommodation		
form together with your payment:			
□ Option 1: Credit Card –			
□ Visa □ MasterCard □ Amex			
Number:			
Expiry Date (month/year):	CVV (Security Code):		
Name as shown on card:			
Signature:	Date (day/month/year):/201		
□ Option 2: Bank Transfer –			
If payment is made for more than one person or be participant's name and "SITE update" on ALL payment.	by a company please make sure all names are indicated. Please indicate the ments and forward bank transfer to:		
Kuoni Destination Management La Caixa 8649 – Centro de Empresas Madrid – Serrano. C/	Juan Brayo n 3 18Planta 28006 Madrid Spain		
Bank Account Number: 2100.8649.27.020005075 SWIFT / BIC CODE: CAIXESBBXXX IBAN Code: ES44 2100 8649 2702 0005 0753			
Ref: SITE update 2014			
Bank charges are the responsibility of the payee a	and should be paid at source in addition to the accommodation fees.		
I AGREE AND ACCEPT THE CONDITIONS OF PAYM	ENT AND THE CANCELLATION CONDITIONS:		
Date: / /201	Signaturo		
Date:/201	Signature:		