

ACCOMMODATION BOOKING FORM

Please read carefully the reservation conditions before sending the reservation request

CONTACT DETAILS					
SURNAME	ľ	NAME			
COMPANY/UNIVERSITY	ı				
MAILING ADDRESS					
EMAIL	F	PHONE			
THE FOLLOWING ACCOMMODATION BOOKING IS RECOMING to reserve room/s in the following how (Please indicate number of rooms)	otel:				
Please send this form DIRECT to the chosen hotel	<u>, </u>	1			
HOTEL	Single	Double	SEND REQI	JEST TO:	
Hotel Amrey Sant Pau**	93€	105€	booking@hotelso	•	
http://www.hotelsantpau.com/			FAX: +34 93		
C/ Sant Antoni Maria Claret, 173			Phone +34 9.	34 335 151	
Just in front of Casa Convalescència					
Hotel Ayre Rosellón****	165€	170,50€	grupos3.barcelona(•	
http://www.ayrehoteles.com/hotel-rosellon/			FAX: +34 93		
C/ Rosselló, 390			Phone: +34 9	32 46 / 015	
Date of arrival:/2017 Date of de day/month I have arranged to share with, or will be accompanied SPECIAL REQUESTS:	C	//2 ⁱ day/month			
PLEASE NOTE The reservation will be confirmed upon availability on Participants should pay the bill directly to the hotel of Credit Card details only. I HEREBY GUARANTEE MY RESERVATION WITH	on departure	e. Hotel will (confirm those reserva	ations with full	
THEREBY GUARANTEE WY RESERVATION WITH	CARD	(indicate typ	re of credit card)		
Credit Card Number:					
Expiry date: Name of the Ca	ardholder:				
I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN RESERVATION HAPPENS 48 HOURS BEFORE THE DATE C				TION OF THE	
Date:/ Signature: day/month/year	:				





SITUATION OF THE HOTELS:

- 1. Hotel St.Pau ** http://www.hotelsantpau.com/
- 2. Hotel Ayre Rosselló ****

 http://www.ayrehoteles.com/hotel-rosellon/





Course Venue: CASA CONVALESCÈNCIA

http://www.uab-casaconvalescencia.org/en/index.php?lg=en



