

FORM 22TH TO 23TH FEBRUARY 2017

ECG Alumni Meeting

ACCOMMODATION BOOKING FORM

Please fax the completed form directly to the hotel H10 Marina Barcelona

Tel. Nº. 34-93-309-79-17

Att: Natalia Sanchez – Banqueting Department

Convenciones.hmb@h10hotels.com

LASTNAME:.....FIRSTNAME:

COMPANY:.....

ADDRESS:.....

CITY:.....COUNTRY:.....

ZIP CODE: E-MAIL:

TELEPHONE:.....FAX:.....

ACCOMMODATION

Please check your needs for accommodation:

ROOM TYPE

Double for single use
Double room

<input type="checkbox"/>
<input type="checkbox"/>

99 € / room / night
119 € / room / night

- ✓ Buffet breakfast included
- ✓ 10 % taxes included
- ✓ TOURIST TAX NOT INCLUDED: 1,21 € per person and per day

TRAVEL INFORMATION

Arrival Date:.....Estimated arrival time:

Departure Date:.....Estimated departure time:

RESERVATION MUST BE GUARANTEED WITH A CREDIT CARD NUMBER.

Credit Card Name and Number:.....

Expiry Date.....

Credit Card Holder:.....

**THE FINAL CUT-OFF DATE FOR BOOKING IS 31ST JANUARY 2018
FOLLOWING THIS DATE ALL BOOKINGS WILL BE SUBJECTED TO AVAILABILITY.**

**96 HOURS CANCELLATIONS OR NO SHOWS WILL BE CHARGED FULL STAY TO THE ABOVE CREDIT CARD. ALL
CHANGES AND CANCELLATIONS MUST BE IN WRITING.**

HOTEL USE ONLY

Booking is: Confirmed Reservation number:

Acknowledged by:.....