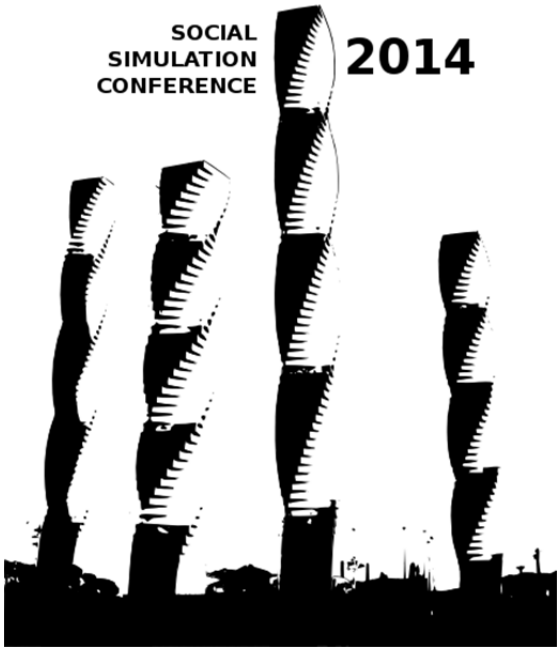

UNIVERSITAT AUTÒNOMA DE BARCELONA

1st-5th September 2014

ACCOMMODATION BOOKING FORM – HOTEL CAMPUS

Please read carefully the reservation conditions before sending the reservation request

CONTACT DETAILS

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
EMAIL	PHONE

THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED

Wishes to reserve _____ room/s in the HOTEL CAMPUS http://www.hotelcampusuab.com
(Please indicate number of rooms)

Room type	**Single**	**Double**
Hotel Campus standard bedroom	◯ 65,30€	◯ 73,50€

Price per room per night.
Breakfast & 10%TAX included. TOURIST TAX not included

Date of arrival: _____/_____/2014 (day/month) Date of departure: _____/_____/2014 (day/month) Number of nights:_____

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

SPECIAL REQUESTS:

Please send this form DIRECT to the Hotel Campus by Email or Fax to:
EVA LLORENTE – BOOKING DEPARTMENT
Eva.llorente@uab.cat
FAX: +34 93 580 8978

Agència de Promoció d'Activitats i de Congressos UAB CAMPUS Hotel Campus UAB CAMPUS

PLEASE NOTE

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.

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

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry date: | | | Name of the Cardholder: _____

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT IF CANCELLATION OF THE RESERVATION HAPPENS 48 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO SHOW.

Date: _____/_____/_____ *Signature:*
day/month/year