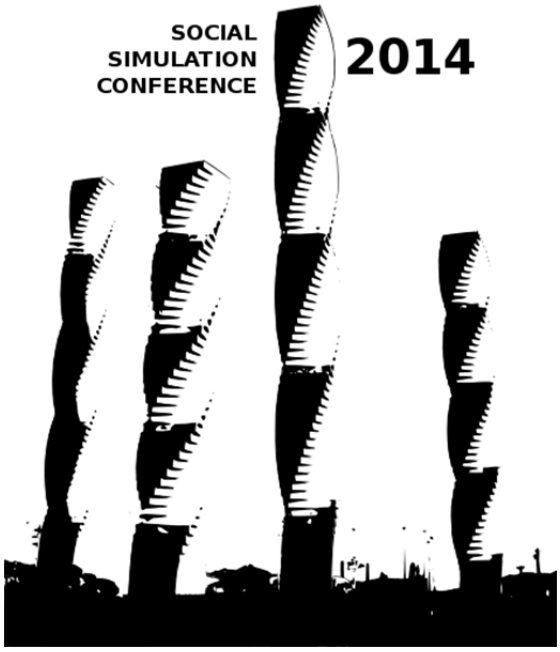

UNIVERSITAT AUTÒNOMA DE BARCELONA

1st-5th September 2014

ACCOMMODATION BOOKING FORM – VILA UNIVERSITÀRIA HALL OF RESIDENCE

Please read carefully the reservation conditions before sending the reservation request

CONTACT DETAILS

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
	PASSPORT NUMBER
PHONE	EMAIL

THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED

I wish to reserve an apartment in the VILA UNIVERSITARIA http://www.uab.cat/vilauniversitaria/

Room type	Single occupancy	Double (2 people)
Apartment Q Living room, bedroom, bathroom and kitchen, bed & bathroom linen air conditioning & heater.	◯ 58,30€	◯ 63,80€

Price per room per night.
0%TAX included. TOURIST TAX not included
Breakfast at Hotel Campus……8.20€/person/day ◯
Vat Includes

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 Vila Universitaria by Email:
INÉS ZAMORA – BOOKING DEPARTMENT
Ines.zamora@uab.cat

PLEASE NOTE

The reservation will be confirmed upon availability on a first-come first-served basis**.**
The apartment reservation will be confirmed once the payment is made.
CANCELLATIONS MADE 48 HOURS BEFORE THE GUEST ARRIVAL WILL BE FULLY REIMBURSED. ONE NIGHT WILL BE CHARGED IF CANCELLATION HAPPENS 48 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO SHOW.

PAYMENT

Payment can be done by credit card or bank transfer:

Credit Card Number: Expiry date:

Name of the Cardholder:

_____

◯ VISA ◯ MASTERCARD

Bank transfer: Please send copy of the bank transfer with the accommodation form.
VILA UNIVERSITARIA SL
BANK: CaixaBank
Account number: 2100 0424 34 0200114567
IBAN: ES-94 2100 0424 34 0200114567
Swift: CAIXESBBXXX

INVOICE DETAILS:

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
	ZIPCODE
COUNTRY	PASSPORT/VAT NUMBER

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