ICRPS SUMMER INSTITUTES 2017

UNIVERSITAT AUTÒNOMA DE BARCELONA

25 June -8 July 2017

ACCOMMODATION BOOKING FORM – HOTEL CAMPUS

Please read these reservation conditions carefully before sending your reservation request

CONTACT DETAILS

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
EMAIL	PHONE

THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED

I Wish to reserve _____room/s in the HOTEL CAMPUS http://www.hotelcampusuab.com/

Please indicate number of rooms:----------

Room type	Single	Double
Hotel Campus	◯ 59,00€	◯ 65,00€

Price per room per night.

Breakfast & 10%TAX included. TOURIST TAX not included

Date of arrival: _____/_____/2017 (day/month) Date of departure: _____/_____/2017 (day/month) Number of nights:_____

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

SPECIAL REQUESTS: _____

_____

Please send this form DIRECTLY to the Hotel Campus by Email or Fax
to: EVA LLORENTE – BOOKING DEPARTMENT
jrecepcion@hotelcampusuab.com
FAX: +34 93 580 8978

PLEASE NOTE

The pre-booking period is open until **30 April 2017**.

After this date , reservations will be confirmed on a first-come first-served basis, subjected to availability

Guests are required to pay their bill to the hotel directly on departure. Only reservations that provide full Credit Card details on this form will be confirmed by the Hotel.

I HEREBY VALIDATE MY RESERVATION WITH AMERICAN EXP_____CARD (indicate type of credit card)

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

Expiry date: | | | Name of Cardholder: _____

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT'S ACCOMMODATION IF CANCELLATION OF MY RESERVATION IS MADE 48 HOURS BEFORE DATE OF CHECK IN, OR IN CASE OF NO-SHOW.

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

Agència de Promoció d'Activitats i de Congressos UAB CAMPUS
University venues & services
Hotel Campus UAB CAMPUS