

## **ESADE-WOIC 13 TO 18 OF DECEMBER 2016**

## **BOOKING FORM**

Please complete and return as soon as porturned before 26/10/16. You will receive this form.					
MR.//MRS					
FAMILY NAME					
FIRST NAME					
TELEPHONE [			FAX		
E-MAIL					
I would like to make the following reservati	on:				
GUEST NAME					
TWIN ROOM (2 singles beds) DOUBLE ROOM (1 bed for two) DOUBLE SINGLE USE					
DATE OF ARRIVAL			DATE OF DEP	ARTURE	
HOTEL	DOUBLE ROOM	DOUBLE FOR SINGLE USE	BREAKFAST		
ARENAS ATIRAM HOTELS ****	94€	85 €	Included		
10% vat included city tax not included (1,21€ per person per night) Please fill in your credit card information	n below:				
MASTER//EUROCARD VISA AMERICA EXPRESS OTHER	[				
CREDIT CARD NUMBER EXPIRES DATE CARD NAME HOLDER					
SIGNATURE					
GENERAL BOOKING TERMS AND CON	DITIONS				
1. There is a limited number of rooms for e	ach hotel lis	ted. If the hotel se	elected is fully booked, yo	our reservation will b	pe placed in a similar hotel.
<ol> <li>The first night must be paid at the booking Bank transfer</li> <li>Credit card</li> <li>The rest of the stay will be paid at the chance of the stay will be paid at the chance of the hotel.</li> </ol>	neck-out.	ceived before <b>26</b>	<b>/10/2016</b> . After this date,	reservations will be	e made on request to

- 5. We recommend you to send this reservation form as soon as possible, is quite busy during those dates.
- 6. In the case that the web rate would be cheapper than the congress rate we will offer the web rate.
- 7. Non-show or cancellation 48 hours prior the arrival will be charged the first night.

PLEASE RETURN THIS FORM BY E-MAIL OR FAX TO:

**Arenas Atiram Hotels 4\*** Phone: 93 280 03 03

E-MAIL hotelarenas@atiramhotels.com