Workshop Bonding HERALD-ECIs from ideas to proposals 1-2 March 2018 Barcelona

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			
TVI TEN CONTESS	PASSPORT NUMBE	R	
PHONE	EMAIL		
THONE			
THE FOLLOWING ACCOMMODATION BO	OKING IS REQUIRED		
I wish to reserve an apartment in the VILA U	NIVERSITARIA <u>http://</u>	www.uab.cat/vilauniversitaria/	
Room type		Single/double occupancy	
Apartment Q 1 twin bedroom, living room and kitchen, bathroom, linen and towels, air conditioning & heating.		57,00/night	
Price per room per night 10% Vat not included Breakfast at Hotel Campus: 9€/person/da	ay+ 10% Vat		
Day/month			
I have arranged to share with, or will be acc	companied by (name)	·	
ALDARA GO	ONZÁLEZ – BOOKINO		
<u>aldara.gonzalez@vab.cat</u> PLEASE NOTE			
The pre-booking period is open until 15 Dece The reservation will be confirmed upon ava The apartment reservation will be confire CANCELLATIONS MADE 48 HOURS BEFO	ailability on a first-con med once the payme DRE THE GUEST ARR	nt is made.	
Payment can be done by credit card or ball HEREBY VALIDATE MY RESERVATION W		ate type of credit card)	
Credit Card Number:		Expiry date:	
Type of Card: Name of the Ca	rdholder:		
Bank transfer: Please send copy of the ban VILA UNIVERSITARIA SL BANK: CaixaBank	k transfer with the ac	commodation form.	

Agència de Promoció
d'Activitats i de Congressos
UIB CAMPUS

Account number: 2100 0424 34 0200114567 IBAN: ES-94 2100 0424 34 0200114567

Swift: CAIXESBBXXX



INVOICE DETAILS:

SURNAME		NAME	
COMPANY/UNIVERSITY			
MAILING ADDRESS			
ZI	ZIPCODE		
COUNTRY	PASSPORT/VAT NUMBER		
Date:/ Sig	gnature:		

