BARCELONA 2015

7th International Conference on Unsolved Problems on Noise

Barcelona, Casa Convalescència, Spain, July 13-17 2015

ACCOMMODATION BOOKING FORM

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 following hotel:
(Please indicate number of rooms)

Please send this form DIRECT to the chosen hotel by Email or Fax

HOTEL	Single	Double	SEND REQUEST TO:
HOTEL AMREY SANT PAU** http://www.hotelsantpau.com/ C/ Sant Antoni Maria Claret, 173 Just in front of Casa Convalescència	65€ ○	80€ ○	*santpaureservas@grupoamrey.com* *FAX: +34 93 433 41 51* *Phone +34 93 433 51 51*
HOTEL AYRE ROSELLÓN**** http://www.ayrehoteles.com/hotel-rosellon/ C/ Rosselló, 390	115€ ○	120€ ○	*grupos1.barcelona@ayrehoteles.com* *FAX: +34 93 231 86 75* *Phone: +34 902 585 662*
HOTEL CONFORTEL BELART**** http://www.confortelbelart.com C/Lepant, 406	100€ ○	117€ ○	*reservasbelart@confortel.com* *FAX: +34 93 433 43 69* *Phone: +34 934 33 54 40*

Price per room per night. This offer is applicable from 12 until 18 JULY 2015

Breakfast and 10%TAX included. TOURIST TAX not included.

Date of arrival: _____/_____/2015 Date of departure: _____/_____/2015 Number of nights: _____
day/month day/month

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

SPECIAL REQUESTS:

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

Agència de Promoció d'Activitats i de Congressos
UAB CAMPUS