The Origin of Stellar Masses

HOTEL RESERVATION FORM

(Please, use capital letters)

Complete and return this form to Judith de Araoz by fax (+34 922 605 298) or e-mail (<u>constellation10@iac.es</u>) All data will be strictly confidential

| Family name: | | | First name: | | | | | | | |
|---|-------------------------|------------------------|---------------------------|---------------|-----------|-----------------|-----------|---|---|--|
| | | | Gender: | | | 🗆 Female 🗆 Male | | | | |
| Date of birth: | _ | Passport no.: | | | | | | | | |
| Date of arrival (+time): | | | Date of departure: | | | | | | | |
| IBER | OSTAR GRA (Please, t | AND HO tick the ap | | | | *** | | | | |
| Type of room: | □ Single room | | | Double room | | | | | | |
| Board: | 🗆 BB (Brea | | □ HB (Breakfast & dinner) | | | | | | | |
| I wish to share with anot | her participant | or accomp | banying | person: | | | | | | |
| Name: | | | | Passport no.: | | | | | | |
| If any child is coming wit | h you, please : | specify the | ir age: | | | | | | | |
| Indicate any special nee | ds: | | | | | | | | | |
| Dietary requirements for | Conference di | inner: | | | | | | | | |
| In order to guarantee yo Card type: □ V | | , please in □ Maste | | elow you | ur credit | carc | l details | : | | |
| Credit card no.: | | | | | | | | |] | |
| Expiry date (mm/yy) | / | Card ho | lder's na | ame: | | | | |] | |
| Participants should pay t | he bill directly | to the hote | el on arri | val. | | | | | | |
| Note: Privacy policy | | | | | | | | | | |

We have set up the following rules to handle personal information.

1.- We guarantee that we will use this information only for registration purposes.

2.- We guarantee that we will not disclose your personal information.

All personal data will be held in the Identity Data Verification System according to the Royal Decree 522/2006, 28 April, B.O.E. May 9th. Law 15/1999 for the Protection of Personal Data).