

IV HELAS International Conference

HOTEL RESERVATION FORM

(Please, use capital letters)

Family name: _____ First name: _____

Gender: Female Male

Passport No.: _____

Institution: _____ E-mail: _____

Arrival (+time): _____ Departure (+time): _____

Hotel Arrecife Gran Hotel★★★★★

Type of room: Single room Double room

Board: BB Board Half Board (Breakfast & dinner)

I wish to share with another participant or accompanying person:

Name: _____ Passport N°: _____

If any child is coming with you, please specify their age:

Indicate any special arrangement required: _____

Card type: Visa Mastercard

Credit card no.:

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Expiry date (mm/yy)

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 Holder's name: :

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Please, return this form to the LOC (Judith de Araoz) by fax (+34 922 605298).

This information will be confidential and it is only necessary to confirm room reservation.