

"IAU Symposium N° 241"

HOTEL RESERVATION FORM

Family name: _____ First name: _____

Gender: Female Male

Passport No.: _____

Institution: _____ E-mail: _____

Date arrival (+ TIME): _____ Date departure (+TIME): _____

H10 Taburiente Playa Hotel:

Type of room: Single room Double room

Board: Bed & Breakfast Half Board Full Board

H10 Costa Salinas Apartments:

Type of apartment: Single Double

Board: Bed & Breakfast Half Board Full Board

I wish to share with another participant or accompanying person:

Name: _____ Passport N°: _____

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

Indicate any special arrangement required: _____

Card type: Visa Mastercard

Credit card no.:

Expiry date (mm/yy) / Holder's name:

Please, return this form to the LOC by fax (+34 922 605 298) no later than November 6th 2006, This information will be confidential and it is only necessary to confirm room reservation.

