HOTEL RESERVATION FORM

(Please, use capital letters)

Family name:				Firs	t nar	ne:						
Gender:	□ Female											
Passport No.:												
Institution:				E-mail:								
Arrival (+time):		Departure (+time):										
	Но	otel Play	ya La .	Arena	☆☆	**						
Type of room:	🗆 Si	ı	Double room									
Board:	□ Half Board			□ Full Board								
I wish to share with	h another par	ticipant o	r accom	panying) pers	son:						
Name:	Passport Nº:											
If any child is comi	ng with you,	please sp	ecify its	age:								
Indicate any specia	al arrangemer	nt required	d:									
Card type		-		roord								
Card type:	□ Visa	L	∃ Maste	rcaru								
Credit card no.:												
Expiry date (mm/yy) /		Hole	der's nai	me:							
Please, return t	his form to	the LOC	(Judith	de Ara	aoz)	by fa	ax (+34	1 92	2 6	05	

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