

"SPIRE Consortium Meeting"

HOTEL RESERVATION FORM

(Please, use capital letters)

Family name: _____ First name: _____

Gender: Female Male

Passport No.: _____

Institution: _____ E-mail: _____

Date of check-in: _____ Date of check-out: _____

H10 Taburiente Playa Hotel:

Type of room: Single room Double room

Board: Bed & Breakfast Half 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.:

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Expiry date (mm/yy)

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 Holder's name:

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Please, send this form to Mrs. Carmen or Mrs Inga of the hotel H10 Taburiente Playa by fax (+ 34 922 18 12 85) or by email reservas.hta@h10.es BEFORE 1st September 2008

