

ACCOMODATION FORM

Please fill in this form and send it to:

GRUPO ARÁN DE COMUNICACIONES S. L.

C/ Castelló, 128 - 1ª Floor • 28006 Madrid (Spain) • Phone: +34 91 782 00 30 • Fax: +34 91 561 57 87 • www.grupoaran.com

PERSONAL DATA:

Surname: Name:
 Hospital: Department:
 Address: ID/Passport Nº.:
 City: State: Zip Country:
 Phone: Fax: E-mail:

HOTEL:

	SINGLE ROOM	DOUBLE ROOM
<input type="checkbox"/> Vincci Salamanca****	<input type="checkbox"/> 125,00 €	<input type="checkbox"/> 135,00 €
<input type="checkbox"/> Tryp Salamanca****	<input type="checkbox"/> 115,00 €	<input type="checkbox"/> 125,00 €
<input type="checkbox"/> Silken Rona Dalba***	<input type="checkbox"/> 126,30 €	<input type="checkbox"/> 147,60 €

* Breakfast included. 18% VAT not included.

RESERVATION DETAILS

Hotel: 1st Choice: 2st Choice:
 Booking: SINGLE ROOM DOUBLE ROOM Number of persons room:
 Arrival date: / / (dd/mm/yy) Departure date: / / (dd/mm/yy) Number of nights: Total: €

PAYMENT TERMS:

- On line payment by credit card through the web site
- By checks payable to Grupo Arán de Comunicación: Must be submitted with the accommodation form to the Technical Secretariat:
 Grupo Arán de Comunicación. Castelló, 128 - 1º. 28006 Madrid • Tel.: +34 91 782 00 33 • Fax: +34 91 561 57 87
- By bank transfer to Grupo Arán de Comunicación:
 Bank: Caja Madrid, IBAN: ES69 2038 1725 1261 00016160 / BIC/SWIFT: CAHMESMXXX
 Ref: Hotel ASEICA 2011
 Please, send us a copy of payment by fax: +34 91 561 57 87

IMPORTANT INFORMATION:

- Please fill in the "accommodation form" sign it and send it by fax to "Grupo Arán de Comunicación" attaching the payment copy with it
 Fax number: +34 91 561 57 87. Att: Gema Alcalde / ASEICA 2011.

CANCELLATIONS:

- For cancellations made before 15th May 2011, a 75% of the registration fee will be refunded.
- For cancellations made before 15th June 2011, a 50% of the registration fee will be refunded.
- No refunds will be made for cancellations after 15th June 2011.

In case you request an invoice, please fill in:

Company Name: Fiscal Code:
 Company Address:
 City: Zip Code: Country:
 Phone: Fax: E-mail: