

ACCOMODATION BOOKING FORM

CONTACT DETAILS

SURNAME:	NAME:
CONGRESS: ICHCA 27 FEBRUARY – 05 MARCH 2016	
MAILING ADDRESS:	
EMAIL:	PHONE:

THE FOLLOWING ACCOMODATION BOOKING IS REQUIRED

Wishes to reserve _____ room/s in the following hotel:
(Please indicate number of rooms)

TYPE OF ROOM	Double Room for Single Use Buffet Breakfast Included	Double Room Buffet Breakfast Included
HOTEL ACTA MIMIC Art del Teatre, 58 08001 Barcelona E-mail: jeferecepcion.mimic@actahotels.com	76,00 €	82,00 €
Please choose your type of room "X"		

Price per room and per night

10 % VAT Included / Tourist Tax not included

Date of arrival: ___/___/ 2015
day /month

Date of departure: ___/___/ 2015
Day /month

Number of nights: _____

SPECIAL REQUESTS:

PLEASE NOTE

The pre-booking period is open until **15 February 2016**. After this date, the hotel can't guarantee the price offered. **All rooms are subjected to availability**. Guests are required to pay their bill to the hotel directly on departure. Only reservations that provide full Credit Card details on this form will be confirmed by the Hotel.

I HEREBY VALIDATE MY RESERVATION WITH _____CARD (Type of credit card Visa, Mastercard...)

CREDIT CARD NUMBER: _____

Expiry date: ___/___ Name of the Cardholder: _____

I authorise my credit card to be debited with an amount equal to one night's accommodation if cancellation of my reservation is made 7 days before date of check in, or in case of no-show.

Date: ___/___/ 201__

Signature:

Please send this form DIRECTLY to the hotel acta Mimic by E-mail: jeferecepcion.mimic@actahotels.com