ACCOMMODATION FORM

PLEASE PRINT & SEND THIS FORM BY FAX or E MAIL TO: VIAJES EL CORTE INGLÉS - CONGRESS DIVISION PHONE: 00 34 95 450 66 05 – EXT 1 - FAX. 00 34 95 422 59 49 / sevillacongresos 2@viajeseci.es (Pilar Pacheco)

FIRST NAME:

INSTITUTION:		COUNTRY:				
PHONE / MOBILE:		FAX:				
E-MAIL (please in capital letters):						
PLEASE, ORDER T	THE HOTELS	ACCORDING T	O YOUR PREF	ERENCES		
PRICES ARE PER ROOM & NIGHT. VAT AND LOCAL TAXES INCLUDED ONLY ACCO		OMMODATION	BEB 8	BEB & BREAKFAST		
HOTELS	SINGLE	DOUBLE	SINGLE	DOUBLE	Prefere	
VICTOR HUGO 2*	67 €	81 €	74 €	94 €		
KYRIAD TOULOUSE 3*	56€	57€	66 €	77 €		
DE BRIENNE 4*	124€	125€	138 €	154€		
ARRIVAL DATE:	DEPARTURE DATE:		TOTAL NIGH	TOTAL NIGHTS:		
Nr SINGLE ROOM:	Nr DOUBLE ROOM:		BREAKFAST:	? YES ? NO		
TOTAL SERVICE: EURO	OS (At most expensiv	e hotel)				
PAYMENT FORM:						
☐ CREDIT CARD: ☐ VISA	■ AMERICAN EXI	PRESS MAS	TER CARD	■ OTHERS		
CREDIT CARD HOLDER:						
CREDIT CARD NUMBER:						
CODE ON REVERSE:	EXPIRY DATE:					
I authorize to Viajes El Corte Inglés to charge my credit card the services shown above:		ATURE (COMPULSORY):				
■ BANK TRANSFER (IT IS ESSENTIAL A COP	<u>PY BY FAX)</u> All fees	derived by the bank t	transfer will be supp	orted by the sender		
INTERNATIONAL BANK ACCOUNT: ES97 0182	5 4662 SWIFT (SWIFT CODE: BBVAESMMXXX				
HOLDER: VIAJES EL CORTE INGLES S.A.			BANK: BBVA – OFICINA CORPORATIVA			
BANK ADDRESS: C/ ALCALÁ. 16. 28014 – MA	ADRID - SPAIN					

The personal details included in this document are of a confidential nature. In accordance with the Organic Law 15/1999, of 13 December, the holder of this data will be able to exercise his or her right of access, change and cancellation upon written request to Viajes El Corte Inglés, S.A.



FAMILY NAME: