

RESERVATION FORM

Please, fill in this form and send it by email to:

ATT. Sra. Rosa Bielsa –RACC Viatges – rosa.bielsa@racc.es

1. PERSONAL INFORMATION

TITLE		FIRST NAME			
FAMILY NAME					
INSTITUTION					
ADDRESS					
CITY		COUNTRY			
POSTAL CODE		PHONE		FAX	
E-MAIL					

2. HOTEL RESERVATION

<p><u>HOTEL BESTHOTEL AUTOHOGAR 2**</u> Av. Paral·lel, 64, 08004 Barcelona, Spain</p> <p>Price per night: Double room for individual use: 100 €+ 7% VAT Double room: 115 €+ 7% VAT</p> <p>Breakfast included</p>	<p>ROOM TYPE DOUBLE DOUBLE FOR INDIVIDUAL USE</p>
	<p>ARRIVAL ___/___/___</p>
	<p>DEPARTURE ___/___/___</p>

<p><u>HOTEL HESPERIA DEL PORT 3 ***</u> Avenida Paralelo, nº 40 08001 Barcelona</p> <p>Price per night: Double room for individual use: 121 €+ 7% VAT Double room: 147 €+ 7% VAT</p> <p>Breakfast included</p>	<p>ROOM TYPE DOUBLE DOUBLE FOR INDIVIDUAL USE</p>
	<p>ARRIVAL ___/___/___</p>
	<p>DEPARTURE ___/___/___</p>

3. HOTEL RESERVATION PAYMENT

OPTIONS

CREDIT CARD (select one)

EURO MASTERCARD

DINERS CLUB INT.

VISA

AMEX

CARD NUMBER

EXPIRES

NAME

TRANSFER

S.A. RACC – LA CAIXA – OFICINA 25 – AVDA. JOSEP TARRADELLAS, 120 BARCELONA

Account Number: 2100 – 0822 – 96 – 0201206394

IBAN: ES54

SWIFT: CAIXESBBXXX

Once the transfer has been completed, please, send a copy by fax to (34) 93 4482277 including the following reference:

UOC ECRYPT HASH WORKSHOP

4. ADDITIONAL INFORMATION

Information about any special needs regarding food, mobility, etc. you may have.

ARRIVAL TO BARCELONA ___/___/___

DEPARTURE FROM BARCELONA ___/___/___

ARRIVAL FLIGHT NUMBER

DEPARTURE FLIGHT NUMBER

ARRIVAL TIME (LOCAL)

DEPARTURE TIME

DATE ___/___/___

SIGNATURE