

INTERNATIONAL CONGRESS BPM 10/15 SEPTEMBER 2017

R	0	0	KI	N	G	F	O	R	N
_	v	v		II N	•		_		14

Please complete and return as soon as preturned before 13/07/17. You will receive this form.	-	_	-	-	
MR.//MRS					
FAMILY NAME					
FIRST NAME					
TELEPHONE			FAX		
E-MAIL					
I would like to make the following reserva	ition:				
GUEST NAME					
TWIN ROOM (2 singles beds) DOUBLE ROOM (1 bed for two) DOUBLE SINGLE USE					
DATE OF ARRIVAL			DATE OF DEPA	ARTURE	
HOTEL	DOUBLE ROOM	DOUBLE FOR SINGLE	BREAKFAST		
ARENAS ATIRAM HOTELS ****	148 €	USE 135 €	Included		
TRES TORRES ATIRAM HOTELS ***	135 €	125 €	Included	1	
10% vat included city tax not included Please fill in your credit card informati	on below:				
MASTER//EUROCARD VISA					
CREDIT CARD NUMBER EXPIRES DATE CARD NAME HOLDER					
SIGNATURE					
GENERAL BOOKING TERMS AND COI	NDITIONS				
1. There is a limited number of rooms for	each hotel lis	sted. If the hotel	selected is fully booked, ye	our reservation w	ill be placed in a similar hotel.
The first night must be paid at the boo Bank transfer Credit card					
 The rest of the stay will be paid at the Above room rates are guaranteed for a to the hotel. 		eceived before 1	3/07/2017 . After this date,	reservations will	be made on request
5. We recommend you to send this reser	vation form a	s soon as possil	ble, is quite busy during the	ose dates.	
6. In the case that the web rate would be	cheapper tha	an the congress	rate we will offer the web r	ate.	
7. Non-show or cancellation 48 hours pri	or the arrival	will be charged	the first night.		

PLEASE RETURN THIS FORM BY E-MAIL OR FAX TO:

Arenas Atiram Hotels 4*
Phone: 93 280 03 03
E-MAIL hotelarenas@atiramhotels.com

Tres Torres Atiram Hotels 3* Phone: 93 417 73 00

 $\hbox{\bf E-MAIL hotel trestorres@atiramhotels.com}$