

ESTRO COURSE

Madrid, 21 -25 March 2010
 ILTRE. COLEGIO DE MEDICOS DE MADRID – C/ STA. ISABEL, 51

Please fill in the form in **CAPITAL** letters in order to avoid mistakes in the transcription and send it to Adriano Spain DMC, fax No. +34 954 216 741 or via e-mail to specialevents@adrianoviajes.com

PERSONAL DETAILS

Surname: _____
Company: _____
Position: _____
Fax: _____
Address: _____
PC: _____

Name: _____
Tax Code: _____
Phone: _____
E-mail: _____
City: _____
Country: _____

HOTEL RESERVATION

Hotel	Tryp Atocha 4*		Beakfast and 7 % VAT Included
Type of Room	DBL	SGL	
Arrival Date			
Departure Date			
Number of nights			
Number of rooms			
Rate per night and per room	111,28 €	100.58 €	
TOTAL RATE			

SPECIAL REQUESTS

TOTAL AMOUNT TO PAY _____ €

PAYMENT METHOD

Bank Transfer to Adriano Spain DMC

Bank: CajaSol
 SWIFT/BIC: CECAESMM071
 IBAN: ES89 2106 – 0902 – 31 - 0149020032

Important: Please let us know the complete name of the guest when you make the bank transfer and send us the receipt via fax +34 954 21 67 41 or e-mail to specialevents@adrianoviajes.com. Once your pre-reservation has been confirmed you should send copy of your payment to the fax +34 954 21 67 41 or e-mail to specialevents@adrianoviajes.com to receive the final confirmation.

Credit Card information

Number _____ Expiry Date _____

I accept that Adriano Spain DMC charges _____ VISA Master Card The amount of _____ €
 for the accommodation during the meeting

Signature _____ Date _____
 _____ 2009
 Necessary

Deadline, Changes and Cancellations

- Forms must be received before 15th of March.
- Every change or cancellation must be informed to Adriano Spain DMC by e-mail or fax.
- No reservation will be confirmed until the payment is received.
- Cancellation Policy: Until 7 days prior the arrival date / no penalty. Between 7 and 3 days/ 1st night penalty. From 2 days prior the arrival date on/ 100% penalty