

PERSONAL DETAILS

FIRST NAME:		FAMILY NAME:	
NIF/ VAT NUMBER / PASSPORT (in case you need the invoice addressed to you):			
ADDRESS:			
CITY & COUNTRY:		ZIP CODE:	
PHONE NUMBER:		FAX Nº:	
E-MAIL:			
If you need an invoice addressed to your institution / lab, please fill in the following blanks:			
COMPANY NAME:			
ADDRESS:		ZIP CODE:	
CITY & COUNTRY:		CIF/VAT Nº:	

ACCOMMODATION

	SINGLE ROOM		DOUBLE ROOM	
ACCOMMODATION	B&B	Only accommodation	B&B	Only accommodation
NH MASTER, 3*	85,00 €		99,50 €	
TRYP APOLO, 3*	102'50 €		115'50 €	
BEST WESTER PREMIER HOTEL DANTE, 4*	123,50 €		144,50 €	

YOUR RESERVATION DETAILS

ACCOMMODATION SELECTED <small>To be confirmed according to availability.</small>	1 st HOTEL	2 nd HOTEL	3 rd HOTEL
ROOM TYPE:	NUMBER OF ROOMS		
ARRIVAL DATE:	DEPARTURE	TOTAL NIGHTS:	
TOTAL SERVICE:			

METHODS OF PAYMENT

1.- CREDIT CARD: AMERICAN EXPRESS <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	OTHERS <input type="checkbox"/>
HOLDER NAME:			
CARD NUMBER:			
EXPIRY DATE:	REVERSE SECURITY CODE (CVV):		

I authorize Viajes El Corte Inglés to charge my credit card the services mentioned in this form.

CARD HOLDER SIGNATURE:

2.- BANK TRANSFER: Please, do not forget to mention **NANO BIO&MED 2014**
(It is compulsory to send a copy of it either by email or fax nº 0034 95 4225949)

BANK ACCOUNT: ES97 0182 3999 3702 0066 4662

SWIFT CODE: BBVAESMMXXX

HOLDER: VIAJES EL CORTE INGLÉS S.A.

BANK: BBVA-OFICINA CORPORATIVA

BANK ADDRESS: C/ ALCALÁ, 16. 28014 – MADRID – 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.