

Biocompatibility- 19th to 21st November 2019 - Group 7050

| Passport details | | | | |
|------------------|------------|----------------|--|-----------------|
| Passport number: | | Issue date: | | Place of birth: |
| Title | First Name | Last Name | | |
| Personal Address | | | | |
| City | | Country/ State | | |
| Post/ZIP Code | | Country | | |
| Telephone | | Fax | | |
| E-mail | | | | |

| Invoice address (only if is not the same as the passport details shown above) | | | | |
|---|--|----------------|--|--|
| Company Name | | | | |
| Invoice address | | | | |
| City | | Country/ State | | |
| Post/ZIP Code | | Country | | |
| VAT Number/ Registration Number* | | | | |

Address won't be valid without a VAT or Registration Number

| Room Reservation Details – Rates valid from xxx to xxx. | | | | |
|--|--------------------------|----------------|--------------|----------------|
| # ROOMS | TYPE OF ROOM | RATE PER NIGHT | ARRIVAL DATE | DEPARTURE DATE |
| | Standard single use | 187 EUR | | |
| | Double use Supplement | 22 EUR | | |
| | Terrace room Supplement | 40 EUR | | |
| | Sea View room Supplement | 15 EUR | | |
| Rates per room per night. Buffet breakfast included. 10%VAT included. City tax 1,21EUR per person & day not included | | | | |
| Check in: 15:00 / Check out: 12:00 | | | | |

| Booking Conditions & Cancellation Policy |
|---|
| <ul style="list-style-type: none"> From confirmation to 15 days before arrival, in case of cancellation, one night of stay will be charged. From 14 days to the arrival in case of cancellation or modification, any no shows and early departures, 100% of the total stay will be charged. Please be informed that reservations and rates will be subject to availability of the hotel. |

| Credit Card Information | |
|--|--|
| <i>In order to guarantee your reservation, please supply your credit card details (Credit card holder and guest must be the same person)</i> | |
| Card Type | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Diners Club |
| Cardholder's Name | |
| Credit Card Number | |
| Expiry Date | |

| |
|--|
| <input type="checkbox"/> I authorize Hotel Barcelona Princess to charge one night of the total reservation at confirmation and any charges applicable according to hotel Booking Conditions and Cancellation Policies on the Credit Card provided above. |
| <input type="checkbox"/> I have read and accept the Booking Conditions and Cancellation Policies detailed above. |

Please complete and sign this form in **BLOCK CAPITALS** and email or fax back to the Reservations Dpt at:
 Fax: +34 93 356 10 22 - Email: bcn.reservas@princess-hotels.com

The reservation won't be valid until the receipt of the confirmation from the Hotel

| | |
|-----------|------|
| Signature | Date |
|-----------|------|