IX INTERNATIONAL CONFERENCE & XIV NATIONAL PSICOLOGÍA CLINICA

Santander, 17-20 November 2016

ACCOMMODATION FORM

PERSONAL DATA							
NAME						Nº PASSPORT	
ADDRESS				CITY			
LOCALITY				POSTAL CODE			
TELEPHONE		FAX.		e-MAIL			

INVOICE DATA							
COMPANY NAME						FISCAL Nº/ Nº PASSPORT	
ADDRESS				CITY			
LOCALITY				POSTAL CODE			
TELEPHONE		FAX.		e-MAIL			

HOTEL INFORMATION

HOTEL	LOCATION	SINGLE ROOM	DOUBLE ROOM
H. PALACIO DEL MAR 4*	AVDA. DE CANTABRIA, 5	**66 €**	**77 €**
GRAN HOTEL VICTORIA 4*	C/MARIA LUISA PELAYO, 38	**66 €**	**75 €**
HOTEL CHIQUI 4*	AVDA.MANUEL GARCIA LAGO,9	**67 €**	**77 €**

Price per night/room. Breakfast and taxes included.

BOOKING							
ROOM Nº		TYPE OF ROOM:SGL/DBL		ARRIVAL DATE		DEPARTURE DATE	
PRICE PER ROOM		PER NIGHTS		TOTAL PRICE			

TRIP NEEDED

If you need, we can provide your trip with the best rates:
Arrival date…… Departure date…….. From to……
Plane ❑ Train ❑ Bus ❑

FORMA PAGO

- **INTERNATIONAL BANK TRANSFER S.A**

(DO NOT FORGET TO SEND, BY E-MAIL, THE BANK RECEIPT OF THE PAYMENT TO congresosgranada@viajeseci.es)
Taxes charged because of the transfer operation will be support by yourself.

TITULAR: VIAJES EL CORTE INGLÉS, S.A.
BANCO: BILBAO VIZCAYA ARGENTARIA
IBAN code: ES97 0182 3999 3702 0066 4662 - **SWIFT code:** BBVAESMMXXX
DIRECCIÓN: OFICINA DE EMPRESAS, CL. ALCALÁ, 16 - 28014 - MADRID

❑ **CREDIT CARD** I hereby authorize "Viajes El Corte Inglés" to charge my credit card the amount of _____€

❑ ❑ VISA ❑ MasterCard ❑ ❑ ❑ ❑

HOLDER_____
CARD NUMBER_____
EXPIRITY DATE_____ CVV _____

I HEREBY AUTHORIZE "Viajes El Corte Inglés" to charge my credit card the amount of _____€ (please, sign the box).

VIAJES El Corte Inglés

PLEASE FILL IN THIS FORM AND SEND IT BY E-MAIL TO: congresosgranada@viajeseci.es
VIAJES EL CORTE INGLES S.A. - DIVISION DE CONGRESOS:
C/ Luis Amador, nº 26. 18014 Granada // Teléfono: + 34 958 536820/21 – Fax: +34 958 254892.
EMAIL: congresosgranada@viajeseci.es