**10th INTERNATIONAL CONGRESS of CLINICAL PSYCHOLOGY**

**Santiago de Compostela
November, 15-20, 2017**

M O N A S T E R I O S A N M A R T Í N P I N A R I O A C C O M O D A T I O N F O R M

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| **PERSONAL INFORMATION** |
| **NAME** |  | **PASSPORT NUMBER** |  |
| **ADDRESS** |  | **CITY** |  |
| **COUNTRY** |  | **POSTAL CODE** |  |
| **TELEPHONE** |  | **FAX.** |  | **e-MAIL** |  |

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| **COMPANY OR PRIVATE INFORMATION FOR BILLING** |
| **NAME** |  |  |  |
| **ADDRESS** |  | **CITY** |  |
| **COUNTRY** |  | **POSTAL CODE** |  |
| **TELEPHONE** |  | **FAX.** |  | **e-MAIL** |  |

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| **HOTEL. Prices per room and day - VAT included** |
| **HOTEL** | **LOCATION** | **SINGLE ROOM WITH****BUFFET BREAKFAST** | **TWIN ROOM WITH BUFFET BREAKFAST** |
|  | Hospedería San Martín Pinario(Official Congress Venue) | Plaza de la Inmaculada nº 315704 Santiago de Compostela | **45 €** | **62 €** |

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| **RESERVATION** |
| **NUMBER OF ROOMS** |  | **ROOM TYPE** |  | **ARRIVAL DATE** |  | **DEPARTURE DATE** |  |
| **PRICE PER ROOM** |  | **NUMBER OF NIGHTS** |  | **TOTAL TO BE PAID** |  |

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| **FORM OF PAYMENT** |
| **CREDIT CARD** I authorize **Hospedería San Martín Pinario** to charge the amount of \_\_\_\_\_\_\_\_\_\_\_ € on my credit card:      HOLDER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I AUTHORIZE Hospedería San Martín Pinario to charge my credit card for the total amount of\_\_\_\_\_\_\_\_\_\_\_\_ € (please sign the rectangle).CREDIT CARD NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRY DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_\_\_\_\_ |

 **WE REQUEST YOU FILL IN THIS FORM AND SEND BY E-MAIL TO THE HOSPEDERÍA: reservas@sanmartinpinario.eu**

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| **Hospedería San Martín Pinario****INCOMING VIA, S.L.**  |
| Telephone 981 560 282E-Mail: **reservas@sanmartinpinario.eu** |

 

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