



**10<sup>th</sup> INTERNATIONAL SYMPOSIUM ON NITRIDES**  
**Casa Convalescència**  
**Barcelona 9-14 June 2019**

**ACCOMMODATION BOOKING FORM**

Please read carefully the reservation conditions before sending the reservation request

**CONTACT DETAILS**

SURNAME	NAME
COMPANY/UNIVERSITY	
MAILING ADDRESS	
EMAIL	PHONE

**THE FOLLOWING ACCOMMODATION BOOKING IS REQUIRED**

Wishes to reserve \_\_\_\_\_ room/s in the following hotel:

(Please indicate number of rooms)

Please send this form **DIRECT** to the chosen hotel by Email or Fax

HOTEL	Single	Double	SEND REQUEST TO:
<b>Hotel Amrey Sant Pau**</b> <a href="http://www.hotelsantpau.com/">http://www.hotelsantpau.com/</a> C/ Sant Antoni Maria Claret, 173 Just in front of Casa Convalescència	100,00€	120,00€	<a href="mailto:booking@hotelsantpau.com">booking@hotelsantpau.com</a> FAX: +34 93 433 41 51 Phone 93 433 51 51
<b>Hotel Ayre Rosellon****</b> <a href="http://www.ayrehoteles.com/hotel-rosellon/">http://www.ayrehoteles.com/hotel-rosellon/</a> C/ Rosselló, 390	145,00€	150,00€	<a href="mailto:grupos1.barcelona@ayrehoteles.com">grupos1.barcelona@ayrehoteles.com</a> FAX: +34 93 231 86 75 Phone +34 93 246 70 19

**Price per room per night.** Offer applicable from 8<sup>th</sup> until 15<sup>th</sup> June 2019.

Breakfast & 10%TAX included. TOURIST TAX not included.

Date of arrival: \_\_\_\_/\_\_\_\_/2019 Date of departure: \_\_\_\_/\_\_\_\_/2019 Number of nights: \_\_\_\_\_  
 day/month day/month

I have arranged to share with, or will be accompanied by (name): \_\_\_\_\_

SPECIAL REQUESTS:

**PLEASE NOTE**

The reservation will be confirmed upon availability on a first-come first-served basis.

**Participants should pay the bill directly to the hotel on departure. Hotel will confirm those reservations with full Credit Card details only.**

I HEREBY GUARANTEE MY RESERVATION WITH \_\_\_\_\_ CARD (indicate type of credit card)

Credit Card Number:

Expiry date:  Name of the Cardholder: \_\_\_\_\_

I AUTHORISE MY CREDIT CARD TO BE DEBITED WITH AN AMOUNT EQUAL TO ONE NIGHT IF CANCELLATION OF THE RESERVATION HAPPENS 48 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO SHOW.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 day/month/year

Signature: \_\_\_\_\_