INTERNATIONAL MULTIDISCIPLINARY MODELING & SIMULATION MULTICONFERENCE_ I3M

Barcelona 16th – 20th September 2017

ACCOMMODATION BOOKING FORM

Please carefully read these reservation conditions before sending your reservation request:

CONTACT DETAILS		1								
SURNAME	NAME									
COMPANY/UNIVERSITY										
MAILING ADDRESS										
EMAIL	PHONE									
THE FOLLOWING ACCOMMODATION BOOKING IS wish to reserve room/s in the following hotel Please indicate number of rooms)		D								
HOTEL	Single	Doul	ole		SEN	ID RE	QUES	T TO:		
Hotel Amrey Sant Pau** http://www.hotelsantpau.com/ C/ Sant Antoni Maria Claret, 173	100€	120)€	santp	FAX:	+34 9 one 93	93 43.	3 41 5	1	on
Hotel Ayre Rosellón**** http://www.ayrehoteles.com/hotel-rosellon/ C/ Rosselló, 390	180€	185	€	grupos		+34 9	93 23.	1 86 7	75	co
reakfast & 10%TAX included. TOURIST TAX not includ ate of arrival://2017 Date of ded day/month have arranged to share with, or will be accompanied SPECIAL REQUESTS:	parture: _	day/mont	:h							
PLEASE NOTE Please send this form DIRECTLY to the chosen hote The reservations will be confirmed on a first-come first Guests are required to pay their bill to the hotel directly Tetails on this form will be confirmed by the hotel.	-served bo v on depai	isis, subjec ture. Only	rese	rvations	that p	provid	e full	Cred	it Car	
HEREBY VALIDATE MY RESERVATION WITH	CARD (indicate ty	pe o	f credit o	ard)		_			_
redit Card Number:										
AUTHORISE MY CREDIT CARD TO BE DEBITED WITH ANCELLATION OF MY RESERVATION IS MADE 48 HOUR	AN AMOL	JNT EQUA	L TO	ONE NIC	GHT'S	ACCC	OMM			F
Date:/										



SITUATION OF THE HOTELS:

- 1. Hotel St.Pau ** http://www.hotelsantpau.com/
- 2. Hotel Ayre Rosselló ****

 http://www.ayrehoteles.com/hotel-rosellon/



Course Venue: CASA CONVALESCÈNCIA

http://www.uab-casaconvalescencia.org/en/index.php?lg=en



