



Please complete the form and return it as soon as possible via FAX to:

**Contrato  
N. 14.092**

**Residencia RESA**  
Investigadores  
c/ Hospital, 64  
Phone +34 93 443 8610  
**FAX +34 93 442 8202**  
<http://www.resa.es>

PERSONAL DETAILS

First Name:  Family Name:   
 Title/Position:  Mr  Ms   
 Mailing Address:   
 City/State/Zip:  Country:   
 Post Code:  Phone:  Fax:   
 E-mail:

ACCOMMODATION

Accompanying person(s):   
 Arrival date:  approximate time:   
 Departure date:  approximate time:

	Single	DSU <small>(Double room single use)</small>	Double Room	Breakfast	Nº Nights	TOTAL
Weekdays	62,5 €	71,5 €	86,5 €	Included	<input type="text"/>	<input type="text"/>
Weekends	46,5 €	54,5 €	65,5 €	Included	<input type="text"/>	<input type="text"/>

CONDITIONS

Prices are quoted **per day , per room and include VAT**. All reservations are to be made under request directly to the hotel. Rooms will be booked for delegates on a first come, first served basis, **DEPENDING ON AVAILABILITY**.  
 Payment must be made directly to the hotel. The credit card number you provide will only be used to guarantee the reservation.  
 We would appreciate reservations being made as far in advance as possible.

METHOD OF  
PAYMENT

Credit Card   
 Card Number   
 Expiration Date (MM/YY)   
 Cardholder Name

CANCELLATION  
TERMS

**Cancellations** need to be received 15 days in advance of the date of your arrival. Cancellations received after this date or 'no shows' will be charged the equivalent of one night.

**By sending in this booking form, I acknowledge that I commit myself to payment and that I have taken note of the payment and cancellation terms.**

Date

Authorised Signature

**We look forward to welcoming you to Barcelona!**