



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

**Hotel HUSA Mesón Castilla**

Valldoncella, 5

**Accomodation Center HUSA**

Phone:+34 93 510 13 00

**Fax:+34 93 490 93 94**

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:

HOTEL	Category	DSU	Double Room	Breakfast	N° Nights	TOTAL
HUSA		(Double room single use)				
Mesón de Castilla	**	95 €	110 €	Included	<input type="text"/>	<input type="text"/>

CONDITIONS

Prices are quoted **per day , per room and do not 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!**