



Writing / Righting Wrongs - Agravios del pasado, Re-creaciones del presente

29th November – 1st December 2017
Universitat Autònoma de Barcelona

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:
Hotel Amrey Sant Pau** http://www.hotelsantpau.com/ C/ Sant Antoni Maria Claret, 173 Just in front of Casa Convalescència	100,00€	120,00€	booking@hotelsantpau.com FAX: +34 93 433 41 51 Phone 93 433 51 51
Hotel Ayre Rosellón**** http://www.ayrehoteles.com/hotel-rosellon/ C/ Rosselló, 390	143,00€	148,50€	grupos3.barcelona@ayrehoteles.com FAX: +34 93 231 86 75 Phone +34 93 600 92 00

Price per room per night.

Breakfast & 10%TAX included. **TOURIST TAX not included (Hotel Amrey St.Pau: 0.72€/night/person_ Hotel Ayre Rosellón 1.21€/night/person)**

Date of arrival: ____/____/2017 Date of departure: ____/____/2017 Number of nights: _____
 day/month day/month

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

SPECIAL REQUESTS:

PLEASE NOTE

The pre-booking period is open until **24 October 2017.**

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:

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Expiry date:

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 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: ____/____/____ Signature: Day/month / year