

Please, fill in the form and send it to:

VIAJES EL CORTE INGLES – CONGRESS DPT.
PHONE : 00 34 95 4506600 – EXTENSION 1. FAX: 00 34 95 4225949
E-MAIL: sevillacongresos2@viajeseci.es

PERSONAL DETAILS			
FIRST NAME:		FAMILY NAME:	
NIF / VAT NUMBER / PASSPORT (in case you need the invoice addressed to you):			
ADDRESS:			
ZIP CODE:		CITY & COUNTRY:	
PHONE NUMBER:		FAX Nº:	
E-MAIL:			
If you need an invoice addressed to your institution / lab, please fill in the following blanks:			
COMPANY NAME:			
CIF/VAT Nº:		ADDRESS:	
ZIP CODE:		CITY & COUNTRY:	
ACCOMMODATION			
HOTELS		Single room	Double room
1.-HOTEL CARRIS PORTO RIBEIRA 4* (carris room)		88,00 €	100,00 €
2.-HOTEL DA BOLSA 3*		38,00 €	41,00 €
3.- HOTEL QUALITY IN PRAÇA DA BATALHA 3*		58,00 €	64,00 €
7.-BEST WESTERN HOTEL INCA 4*		53,00 €	58,00 €
** All prices include BREAKFAST & VAT at current rate. Subject to possible variations as from 3 oct 2013)			
YOUR RESERVATION DETAILS			
ACCOMMODATION SELECTED To be confirmed according to availability		1st HOTEL	2nd HOTEL
HOTEL:			
ROOM TYPE: DOUBLE <input type="checkbox"/>		SINGLE <input type="checkbox"/>	NUMBER OF ROOMS:
ARRIVAL DATE:		DEPARTURE DATE:	
TOTAL NIGHTS		TOTAL SERVICES:	
METHODS OF PAYMENT			
1.- CREDIT CARD:		AMERICAN EXPRESS: <input type="checkbox"/>	VISA: <input type="checkbox"/>
		MASTER CARD: <input type="checkbox"/>	OTHERS: <input type="checkbox"/>
HOLDER's NAME:			
CARD NUMBER:			
EXPIRY DATE:		REVERSE SECURITY CODE (CCV):	
I authorize Viajes El Corte Inglés to charge my credit card the services mentioned in this form		CARD HOLDER SIGNATURE (compulsory):	
2.- BANK TRANSFER:			
Please, do not forget to mention YOUR NAME and NANOPT14			
(It is compulsory to send a copy of it either by email or fax nº 0034 95 4225949)			
BANK ACCOUNT: ES97 0182 3999 3702 0066 4662		SWIFT CODE: BBVAESMMXXX	
HOLDER: VIAJES EL CORTE INGLES S.A.		BANK: BBVA-OFICINA CORPORATIVA	
BANK ADDRESS: C/ ALCALA, 16. 28014 – MADRID – SPAIN			