

ACCOMMODATION FORM			
PERSONAL DETAILS			
FIRST NAME:		FAMILY NAME:	
ADDRESS:			
CITY & COUNTRY:		ZIP CODE:	
PHONE NUMBER:		FAX NUMBER:	
E-MAIL:			
If you need an invoice addressed to your institution/lab, please fill the following:			
COMPANY NAME:			
ADDRESS:		ZIP CODE:	
CITY & COUNTRY:		CIF/VAT Nº:	
ACCOMMODATION			
	Shared room	Double room	Single room
ACCOMODATION (B&B) Hotel Silken Al-Andalus Palace****	40 Euros	80 Euros	70 Euros
Prices per room & night (VAT included)			
YOUR RESERVATION DETAILS			
ROOM TYPE:		NUMBER OF ROOMS:	
ARRIVAL DATE:		DEPARTURE DATE:	TOTAL NIGHTS:
TOTAL SERVICE:			
METHOD OF PAYMENT			
1 – CREDIT CARD <input type="radio"/>			
AMERICAN EXPRESS <input type="radio"/>	VISA <input type="radio"/>	MASTER CARD <input type="radio"/>	OTHERS <input type="radio"/>
HOLDER NAME:			
CARD NUMBER:			
EXPIRY DATE:		REVERSE SECURITY CODE (CVV):	
2 – BANK TRANSFER <input type="radio"/>			
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			

I authorize Viajes El Corte Ingles to charge my credit card for the services mentioned in this form.

CARD HOLDER

SIGNATURE (COMPULSORY)