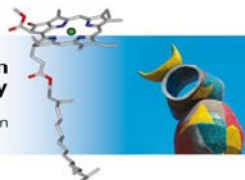


11 ISABC

International Symposium on
Applied Bioinorganic Chemistry
2-5 December 2011 Barcelona, Spain



HOTEL RESERVATION FORM

Please read carefully the Reservation conditions before sending the reservation request:

Family name:	First name:
University/Institution:	
Mailing Address:	
Country:	
Telephone:	Fax:
E-mail:	

Wishes to reserve ___ room/s in the hotel (please tick the appropriate box)
(Please indicate number of rooms)

		Single Occupancy Room		Double Occupancy Room	FAX Number email
Hotel St.Pau ** C/St. Antoni Ma. Claret, 173 08041 BARCELONA	<input type="checkbox"/>	93.09€*	<input type="checkbox"/>	115.02€*	+34 93 433 41 51 santpaureservas@grupoamrey.com
Hotel Ayre Rosselló **** C/Rosselló 390 08025 BARCELONA	<input type="checkbox"/>	105.00€*	<input type="checkbox"/>	115,00€*	+ 34 93 231 86 75 grupos3.barcelona@ayrehoteles.com

***Price per room per night. Breakfast included. 8% TAX included**

Date of arrival: ___/___/2011 Date of departure: ___/___/2011 Nights: ___
Day/month Day/month

Number of nights: ___ Name of the guests: _____

(FAMILY NAME and NAME if different of signature)

OBSERVATIONS:

Please send this registration form to the hotel as soon as possible by FAX or email. 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)
I AUTHORISE THE HOTEL TO CHARGE THE AMOUNT OF ONE NIGHT STAY IF CANCELLATION OF
THE RESERVATION HAPPENS 24 HOURS BEFORE THE DATE OF CHECK IN, OR IN CASE OF NO
SHOW.

Credit Card Number: _____

Name Cardholder: _____

Expiry date:

___/___/___

Day/month/year

Date: ___/___/___
Day/month/year

Signature: