

ROBUST Workshop 20 - 25 September 2010 Palma de Mallorca

Recinto Pueblo Español, Oficina nº 5

07014 Palma de Mallorca - Baleares

**(** +34 - 971 - 22.10.04

E-mail: <a href="mailto:esperanza@diplomatic-services.com">esperanza@diplomatic-services.com</a>

HOTEL RESERVATION FORM

		ase fill in the form below & II in the form below & fax					
		firmation of your Hotel res	-			7 12, 501010	rior daily 10
Surname and		-		•			
Address:	7						
City: State/Pro			vince:		Code:	Country:	
Fax:		Phone:		E-mail:		•	
-	***				(Please write clea	arly)	
Sharing room (Surname and	with: Name of the	accompanying person)					
Arrival date:	/	/ 2010	Dep. date:	/	/ 2010	Total nights	<b>s</b> :
Arrival flight			Dep. flight:			_	
Arrival time:			Dep. time:			- -	
A - I		A - HOTEL (3 Stars)	B - HOTEL (3 Stars)		C - HOTEL (2 Stars)		
		ALMUDAINA	PALLADIUM	-	ABELUX	-	
		Av. Jaime III, 9	Paseo Mallorca, 40	)	C/ Ramón Muntan	ner, 30	
		07012 Palma de Mallorca	07012 Palma de M	1allorca	07009 Palma de N	Mallorca	
Please mark at least two chosen options in preference order:  We have a certain number of rooms pre-reserved at the Hotels stated above.  All reservations will be confirmed in strict order of receipt of this form.							
TYPE OF ROOM: RATES PER ROOM & NIGHT, Breakfast & VAT included:							
			Α	В	С	]	
> Twin room (Two beds)			112,00 €	88,30 €			
> Double room (One bed)			112,00 €	88,30 €		-	
> Twin room for single use (*) 76,00€ 77,00 € 57,70 €							
TYPE OF ROC	M TO BE R	<del></del>	Daubla raam		Turin va ana fav a	ala waa	(*) Cinala
		Twin room	Double room		Twin room for s	sole use	(*) Single
		(2 pers.)	(2 pers.)		(1 pers.) $\square$		
N.B. For additional nights pre-post Workshop, we have arranged with the Hotels to apply the same rates as above.							
Should you be travelling with children, please indicate the age & check with us for the corresponding supplement							
Amount to be charged to your credit card any date as from 14th September 2010 = €							
METHOD OF PAYMENT : CREDIT CARD VISA					MASTER CAR	RD 🗌	
	PLEASE NO	OTE: We ONLY accept the	e above mentior	ned Credit	Cards		
Credit Card Number: / / / Please make sure the numbers are written clearly and that there are 16 digits.					Expire date:		_/
Card Holder Name:					Date :		_/
Authorised Signature of Card holder:							
NOTES: Cancellation f	ee will be a	pplied as from 13th Septe	mber 2010, acc	ording to	the policy of the	e hotel reser	ved.

OBLIGATORY: Please send us by e-mail to: esperanza@diplomatic-services.com, FULL DETAILS to issue your invoice