



Girona, Catalunya November 21 - 23, 2012

REGISTRATION AND ACCOMMODATION FORM

1 - PERSONAL DETAILS :	
NAME: SURNAME: ADDRESS: CITY: POST CODE: COUNTRY: TELEPHONE: FAX: E-MAIL:	
2.1 - REGISTRATION FEES BEFORE JULY 31 :	
GENERAL:	□ 400€
MEMBER OF ACIA, EUSFLAT or SOFT:	□ 350 €
STUDENT:	□ 225€
2.2 - REGISTRATION FEES AFTER JULY 31 :	
GENERAL:	□ 440€
MEMBER OF ACIA, EUSFLAT or SOFT:	□ 390 €
STUDENT:	□ 265€





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SINGLE

DOUBLE

3 - ACCOMMODATION :

HOTEL

Please tick the box of the selected option.

CAT.

AC Palau de Bellavista	5*	□ 117,00 €	□ 106,00€			
Hotel Carlemany	4*	□ 108,00€	□ 98,00€			
Hotel Melià Girona	4*	□ 87,00 €	□ 76,00€			
Hotel NH Girona	4*	□ 110,00€	□ 100,00€			
Hotel Gran Ultònia	4*	□ 85,00 €	□ 75,00 €			
Hotel Ultònia	3*	□ 70,00€	□ 65,00€			
Hotel Ibis	1*	□ 49,00€	□ 49,00€			
Hotel Etap	1*	□ 40,00€	□ 40,00€			
Hotel Sidorme	LC	□ 53,00 €	□ 43,00 €			
* Price per night and per room. Taxes and breakfast included.						
Check In:	Check Out:		Number of Nights:			
2 nd option: Please state an alternative hotel should the one you selected be fully booked.						
Comments: Please indicate any additional requirements.						



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Cancellation fees:

* 30+ days before conference start date:

* 23-15 days before conference start date:

* 7 days or less before conference start date:

100% of the total reservation cost total reservat

4 - GALA DINNER:

A Gala dinner is included in the conference registration fee. Fill in the following box only if additional guests will attend the gala dinner.

DATE	PRICE per PERSON	N° PEOPLE	TOTAL AMOUNT
22.Nov.	45 €		

5 - FORM OF PAYMENT :

TOTAL AMOUNT (2+3+4):

The payment must be made when filling in the registration and the booking form. No reservation will be confirmed unless a payment form has been filled in.

Please indicate the means of payment:

□ Credit Card

□ Bank Transfer

VIATGES VIÑOLAS / REGISTRATION OFFICE:

Eva Miret
C/Joan Maragall, 50
17002 - Girona

Tel. +34 972 21 44 91 - Fax. +34 972 22 58 76

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PAYMENT FORM

(Please fill in and e-mail, fax or post to Viatges Viñolas)					
NAME: SURNAME: DNI / CIF: ADDRESS: TELEPHONE: FAX: EMAIL:					
TOTAL AMOUNT (2	+3+4) :				
FORM OF PAYMENT 1/ Credit Card	<u>:</u>				
☐ Visa	☐ Master Card	☐ Diners Club	☐ American Express		
Credit card number :					
Expiry Date :					
Card Holder :					
2/ Bank Transfer Viatges Viñolas					
BANK: Account number: IBAN: SWIFT:	LA CAIXA Plaza Palmera, 5 2100 - 0013 - 77 - 02008221 ES40 CAIX ES BB 655				

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