



LASER Europe 2010



6th-8th May 2010
La Pineda, Vila-seca
Tarragona, Spain

Castells - Human towers traditional of Tarragona representing strength, balance, courage and good sense of individuals working towards a common goal.

Accommodation Booking Form

Please read the registration conditions before completing this form. Note that any registration has to be guaranteed by the appropriate payment. Use one form per delegate. Please use capital letters. The data included will be used to issue your invoice.

FIRST NAME

FAMILY NAME

ADDRESS

ZP

CITY

COUNTRY

TEL.

FAX.

E-MAIL

In compliance with what is stated in LO 15/99 of Protection of Data of a Personal Nature, we hereby inform you that the personal details that you provide us with will be entered into a file of the Insagra Uno, S.L. responsibility, for promotion and others related to the congress. Completion of this form implies authorization to Insagra Uno, S.L., to use the personal data supplied for the above mentioned purposes. You may exercise your rights of access, rectification and cancellation, if needed, in our office.

Hotel	Double room	Double room Sgl. Use
Gran Palas Hotel 5*	<input type="checkbox"/> 120,00 €	<input type="checkbox"/> 90,00 €
Palas Pineda 4*	<input type="checkbox"/> 75,00 €	<input type="checkbox"/> 50,00 €

Arrival date:

Departure date:

Nights:

X room/s:

X EUR/night =

EUR.

Special requirements:

- Rate per room and night including breakfast, taxes and entrance to the Spa SPALAS.
- Several bedrooms have been secured by the Organizing Committee until 6th April, 2010. Please send this accommodation booking form as soon as possible by fax or e-mail.
- 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.

Contact details: Fax +34 977 372 266 – E-mail: reservas@palaspineda.com – Ph. +34 977 370 808

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.

VISA Eurocard / MasterCard American Express Dinners Club

Credit card number: _____ Expiry date: _____

Name of cardholder: _____

I hereby authorize to charge my credit card account the total amount of fees as requested on this form. I confirm that I have read and I accept the cancellation conditions detailed.

Date:

Authorised signature:

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