Agència de Promoció d'Activitats i de Congressos
UAB CAMPUS

29th GLOW Colloquium

April 2006
Casa Convalescència – UAB CAMPUS Barcelona

HOTEL RESERVATION FORM

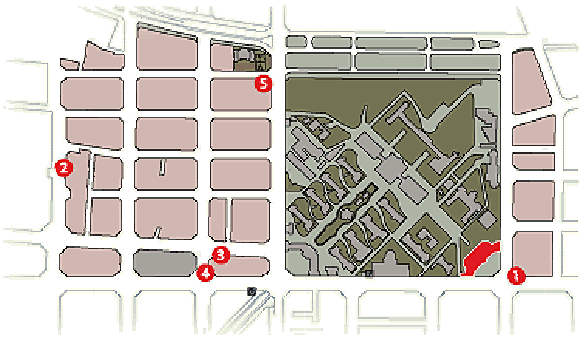
Please read carefully the Reservation conditions before sending the reservation request:

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

I wish to reserve: (please tick the appropriate box)

Hotel	Single Room*	Double Room*	FAX Number / email
1.Hotel Amrey Sant Pau** C/St. Antoni Ma. Claret, 162	79,00€ ☐	98,00€ ☐	+34 93 433 41 51 santpaureservas@grupoamrey.com
2.Hotel Bel Art**** C/Lepant, 406	102,00€ ☐	117,00€ ☐	+34 93 433 43 69 reservas@hotelbelart.com
3.Hotel Abalon* C/Cartagena, 369	61,00€ ☐	64,50€ ☐	+34 93 435 81 23 abalon@mediumhoteles.com
4.Hotel Medicis** C/Castillejos, 340	74,00€ ☐	89,00€ ☐	+34 93 455 34 81 medicis@mediumhoteles.com
5.Hotel Aristol*** C/Cartagena, 369	77,50€ ☐	100,60€ ☐	+34 93 433 51 01 aristol@mediumhoteles.com

Date of arrival:___/___/2005 (day / month) Date of departure:___/___/2005 (day / month) Number of nights:_____



Please send this registration form to the corresponding 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. Hotels will only confirm those reservations with full Credit Card details.

Credit Card Number:

Name Cardholder: Expiry date: ____/____/____ (day / month / year)

*Date:*____/____/____ (Day/month/year) *Signature:*