Agència de Promoció d'Activitats i de Congressos
UAB CAMPUS

INTERNATIONAL WORKSHOP ON STATISTICAL MODELLING – IWSM 2007
July 2-6, 2007
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:

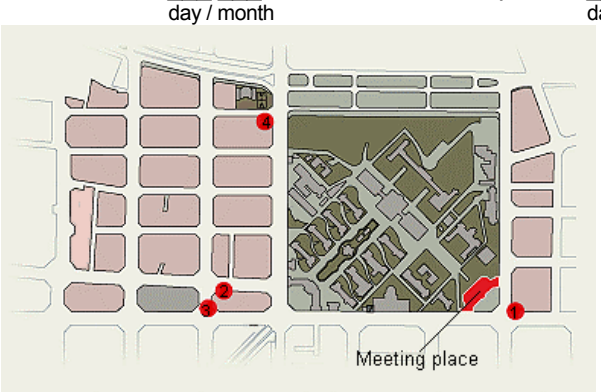
E-mail:

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

Hotel	**Single Room** (per day)	**Double Room** (per day)	**FAX Number / email**
1.Hotel Amrey Sant Pau** C/St. Antoni Ma. Claret, 173	79,00€ ☐	98,00€ ☐	+34 93 433 41 51 santpaureservas@grupoamrey.com
2.Hotel Abalon* Travessera de Gràcia, 380-384	90,00€ ☐	95,00€ ☐	+34 93 435 81 23 abalon@mediumhoteles.com
3.Hotel Medicis** C/Castillejos, 340	100,00€ ☐	105,00€ ☐	+34 93 455 34 81 medicis@mediumhoteles.com
4.Hotel Aristol*** C/Cartagena, 369	88,00€ ☐	109,00€ ☐	+34 93 433 51 01 aristol@mediumhoteles.com

7% VAT NOT INCLUDED. PRICES INCLUDE BREAKFAST

Date of arrival:___/___/2007 (day / month) Date of departure:___/___/2007 (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. Hotel will only confirm those reservations with full Credit Card details.

Credit Card Number:

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

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