ECSQARU 2005

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July 6-8, 2005
BARCELONA
Catalonia, Spain

Agència de Promoció d'Activitats i de Congressos
UAB CAMPUS

Casa Convalescència – UAB CAMPUS Barcelona

HOTEL RESERVATION FORM

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

Family name: Fist name:

University/Institution:

Mailing Address:

Country:

Telephone: Fax:

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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
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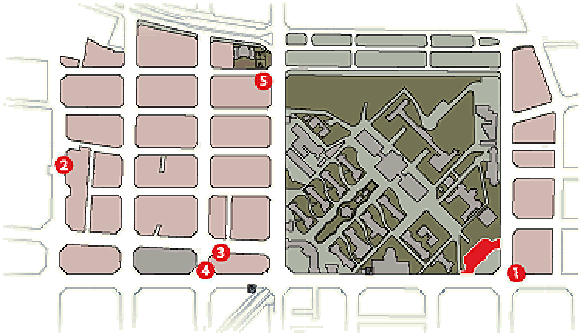
5.Hotel Aristol*** C/Cartagena, 369	77,50€ ☐	100,60€ ☐	+34 93 433 51 01 aristol@mediumhoteles.com

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. Hotel 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:*