

PERSONAL DETAILS			
Mr.	Mrs.	Ms.	Prof. Dr.
Last Name		First Name	
Email (mandatory)			
Address		Passport Number	
Postal Code		City	
Country		Phone	

ACCOMODATION		
HOTEL	Doble Room for Single Use	Double Room
Hotel Montblanc 3*	175.-€	197.-€
Hotel Sercotel Caspe 4*	190.-€	239.-€
Hotel Suizo 3*	196.-€	237.-€
Hotel Oriente 3*	208.-€	239.-€
Hotel Ciutadella 4*	219.-€	245.-€
Hotel Catalonia Born 4*	235.-€	255.-€
HOTELS 2* and 3* : Above rates are per room and night, including breakfast and 10% VAT – Local tourist tax is not included → 3.02.-€/person/night.		
HOTELS 4* : Above rates are per room and night, including breakfast and 10% VAT – Local tourist tax is not included → 3.80.-€/person/night.		

Check-in date	Check-out date	No. of nights	Room Type
dd/mm/yy	dd/mm/yy		Double Room for Single Use
Approximate time	Approximate time		Double Room
Remarks / special request:	In case you choose a double room, please indicate if you need one double bed or two separates beds (under availability).		

Please select the method of payment:

Credit Card	
I, the undersigned	authorise ABC4events by MG to debit the credit card account hereafter.
American Express	Visa/Mastercard
Nº.	Exp. Date
Card Verification Code (CVC): 3 digits for Visa on the back of the Visa Card or 4 digits for AMEX	
Cardholder's signature	
*For MAC PC users, please print the form and sign it.	
Bank Transfer	
Account Number: IBAN ES4401823419760200376388	
Bank: BBVA	
SWIFT/BIC Code: BBVAESMM	
Please, when you make the transfer send us a proof of the payment to:	
barcelona.direccion@abc4events.es	
*Please, kindly note that the bank charges are at your expense.	

CONDITIONS, PAYMENT AND CANCELLATION POLICY	
<ul style="list-style-type: none">• By this form you authorize ABC4events by MG to charge the amount indicate above:• Cancellations until 72 hours before arrival will not have any charge.<ul style="list-style-type: none">* Please, kindly note that the bank charges cannot be refunded.• Cancellations after 72 hours before arrival: the total amount of nights will be charged.	
By signing this form, I accept the above conditions	
*For MAC PC users, please print the form and sign it	
Date:	dd/mm/yyyy
Send to: barcelona.direccion@abc4events.es	

INVOICE DETAILS

Direct Payment CEBRA 2022

COMPANY NAME / UNIVERSITY / INSTITUTION	
DEPARTMENT	
VAT NUMBER	
ADDRESS	
POSTCODE	
CITY	
COUNTRY	
Last Name	
First Name	

Send this document to: barcelona.direccion@abc4events.es