

VIAJES EL CORTE INGLES, S.A. DIVISION DE CONGRESOS

C/ Bernardino Semán, 20. Telf.: 922 574 467 – Fax.: 922 281 916-

PLEASE FILL IN THE REGISTRATION FORM AND MAIL IT BACK TO

E-mail:congresostfn@viajeseci.es

PERSONAL DETAILS:

First Name:.....

Last Name:

Telephone number:

Email:

ID/Passport:

Companion Details:.....

FEES	Up to 10 th of May	From 11 th of May
Nº1	150 €	200 €

ACCOMODATION:

HOTEL	SINGLE ROOM	DOBLE ROOM
LAGUNA NIVARIA HOTEL & SPA	73€	84,50€

- Rates per room and night . Bed and Breakfast. VAT included

RESERVATION

CHECK IN:

CHECK OUT:

DOBLE ROOM:

SINGLE ROOM:.....

AIR TRANSPORT

ORIGIN:

DEPARTURE DATE:

RETURN DATE:

SHUTTLE SERVICE:

AIRPORT TO HOTEL:

DATE AND TIME :

HOTEL TO AIRPORT:

DATE AND TIME:

METHOD OF PAYMENT:

CREDIT CARD.

Please, fill in and sign this form and send us by email or fax

- I authorize Viajes el Corte Ingles to charge the amount listed bellow to the credit card provided here in.
- Name on Card:
- Credit Card Type:
VISA.....MASTERCARD.....AMEX.....Others:.....
- Credit Card Number:
- Expiration Date(MM/YY).....
- Amount to Charge:.....€
- Signature:

INTERNATIONAL BANK TRANSFER

Beneficiary: Viajes el Corte Ingles.
Bank: BBVA
Account number:
ES97 0182 3999 3702 0066 4662
Cod. Bic:BBVAESMMXXX

Reference: V WORKSHOP + Name

**Important: Please, send us by email or fax a copy of the deposit receipt.

NATIONAL BANK TRANSFER

Beneficiary: Viajes el Corte Ingles.
Bank: Santander Central Hispano
Account number:
ES37 0049 1500 03 2810355229

Reference V WORKSHOP + Name

**Important: Please, send us by email or fax a copy of the deposit receipt.

** If you would like to have invoice, do not hesitate to e-mail us

INVOICE DETAILS

- First Name /Company Name/ University name and department
.....
.....
- Last Name:
-
- Adress:
-
- VAT /CIF / ID:
-
- Invoice details / concept:
-
- E-mail / Telephone number: