

Please fill in this **ACCOMMODATION FORM** and send it by fax or e-mail to:
 UNICONGRESS, Marqués de la Ensenada, 4 – 1º - 28004 Madrid, Spain –
 Fax: +34913195746 - e-mail: unicongmad@unicongress.com – Tel: +34913104376

HPCA-10

First Name _____ Family Name _____ Prof./Dr./Mr./Mrs.

Institute / Company _____

Address _____

Zip Code _____ City _____ State / Country _____

E-mail: _____ Ph.: ____ / ____ / ____ Fax: ____ / ____ / ____

Accompanying Person (non-delegate): Family Name _____ First Name: _____ Mr./Mrs.

Room allocation is available until 31st of October 2003. From November 1st 2003, room reservation will be on request.

Please reserve Double room for single use Twin Room *First option: Hotel..... 2nd option: Hotel.....*
 (Please print the number of rooms required in the appropriate box)

Arrival date:..... Departure Date:..... N° of nights:.....

Room rates per night in € (VAT included)	Basis A= Accommodation only AB = Accommodation + Breakfast	Double for single use	Twin Bedded or Double room
<input type="checkbox"/> Centro Colon Apartments	A	na	88,17
<input type="checkbox"/> Tirol Hotel ***	A	92,57	111,08
<input type="checkbox"/> Tryp Gran Vía***	A	115,72	138,86
<input type="checkbox"/> Senator España Hotel **** (opening 15 sep 03)	AB	137,76	159,80
<input type="checkbox"/> Senator Gran Vía ****	AB	137,76	159,80
<input type="checkbox"/> NH Argüelles ***	A	127,84	127,84
<input type="checkbox"/> NH Alberto Aguilera ***Sup	A	131,15	131,15
<input type="checkbox"/> Moncloa Garden ****	A	153,19	169,72

Above rates are 2003 rates, subject to change for 2004.. Final rate confirmed at the time of booking, **Full payment covering full stay is required to guarantee the booking**

PAYMENT

_____ Number of nights x € _____ Price per night = € _____ **TOTAL € _____**

All payments must be made in Euros (€) and made payable to UNICONGRESS-ATLANTA VIAJES, c/ Marqués de la Ensenada, 4 - 1º, 28004 Madrid, Spain. No confirmation will be sent until UNICONGRESS-ATLANTA VIAJES has received the full payment. Remember to state name of person for which hotel reservation has been requested on all payments!

Payment must be sent as follows:

- By bank transfer to UNICONGRESS-ATLANTA VIAJES at Santander Central Hispano, c/ Barbara de Braganza, 2, 28004 Madrid, Spain. Account No. 0049/6127/12/2816012450 (IBAN: ES8300496127122816012450). Please indicate "free of charges for the receiver account". A copy of the bank transfer must be sent together with the Accommodation Form.
- By credit card. By my signature, I authorize UNICONGRESS-ATLANTA VIAJES to charge my credit card the total amount stated above:
 - Visa Master Eurocard

Card No.: _____ Expiry date: ____ / ____ Amount: € _____

Cardholder Name: _____

Card Validation Code (CVC): _____ (printed at the signature panel)

Place and Date: _____ Signature: _____

CANCELLATION & REFUND POLICY

Cancellations received between 1 October and 30 December 2003: 25% of total reservation applies
 Cancellations received between 31 December and 10 January 2004: 50% of total reservation applies
 Cancellation received between 11 January and 2 February 2004: 75% of total reservation applies
 No refund for cancellations received from 2nd February 2004.