

**SEET 2017**

Cagliari, Sardinia, 2-4 February 2017

**ACCOMODATION FORM**

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| **HOTEL: REGINA MARGHERITA** | | |
| **FIRST NAME :** | | |
| **FAMILY NAME :** | | |
| **PHONE :** | | **EMAIL:** |
| **PRICES ROOM**  **(Half board)** | **SINGLE (118,00€/night)** | **DOUBLE (170,45€/night)** |
| **Other combinations** |
| **CHECK IN (if you’ll arrive after 6.00 pm, please notify it)** | | |
| **CHECK OUT**  **TOTAL NIGHTS** | | |
| **CREDIT CARD NUMBER FOR BOOKING DEPOSIT:**  **EXPIRY DATE:**  **NAME AS SHOWN ON CARD:**  I authorize to Agencia de Viajes Genil to charge my credit card the total amount shown above.  **SIGNATURE ……………………………………….**  **In order to book, travel agency will charged the amount when they receive the accommodation form.** | | |

PLEASE SEND IT BY MAIL TO:

ljimenez@viajesgenil.es