

METFOAM 2015
From 31st August to 02nd September 2015
Accommodation

TO: Ms. Marta Faixat
E-mail address: reservasportafira@h-santos.es
Fax number: 00 34 93 297 35 09

To be sure that you will have the group rate offered for this event, please, fill and sign this form and send it back to us **before 31st July 2015**, since after this date the Hotel does not guarantee neither the availability nor the group rate.

All the bookings should be done, through this form by email or by fax. No call in reservations will be accepted.

Please, choose your option:

- URBAN double room for single use per night: **95,00 €**
- URBAN double room for double use per night: **115,00€**
- PRIVILEGE double room for single use per night: **115,00€**
- PRIVILEGE double room for double use per night: **135,00€**
- Non smoking room

Breakfast included

10% VAT is not included

City Tax not included (0.9€+VAT per person per night for up to seven nights)

Surname: _____

Name: _____

Telephone number: _____

E-mail address: _____

Check in date: _____ (check in time 15:00 pm)

Check out date: _____ (check out time 12:00 pm)

CANCELLATION POLICY ACCOMODATION:

- Cancellations received before **the 31st July 2015** there will be no penalty.
- One night of stay will be charged by the hotel to the credit card given to any cancellation received **between the 1st August and the 15th August, 2015**.
- 100% of the stay will be invoiced to the credit card given by the hotel to any cancellation received **between 16th August 2015** and the arrival date. No shows will be also invoiced for the 100% of the stay basis.

To guarantee the booking for the accommodation, please fill the following information about your credit card. **Please note that the hotel will charge for one night to guarantee the reservation, when receiving the booking form.**

CREDIT CARD:

VISA

MASTERCARD

AMERICAN EXPRESS

DINERS CLUB

CREDIT CARD HOLDER NAME & FAMILY NAME: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

EMAIL: _____ CONTACT TEL.: _____

I, _____ (name and family name), with Passport number _____ certify that the above information is true, and by this writing I give my authorization to the Santos Porta Fira Hotel to charge the total amount of the invoice for detailed reservation above to the credit card's details given in case the invoice is not settled up at the check-out time.

Signed, (credit card holder)

_____ Date: _____ (city), ____/____/____ (DD/MM/YYYY)

TO BE COMPLETED BY THE HOTEL:

RESERVATION NUMBER _____

CONFIRMED BY _____