Accommodation Form

Please print this form and post/fax it to: Conference Bu Santander, Spain. Phone: +34 942 230627, Fax: +34 942 2310		
This registration form is also available on-line at: http://www.omniasc.es/aforo/ada99		
Family Name: First Nam	me:	
Name as you wish it to appear on your badge:		
Organization (Company or Institution):		
Address (including Postcode and Country):		
Telephone: Fax: E-M		
Special requirements (e.g. diet):		
The prices per room and day are shown below, in Spanish Per Hotels	setas, breakfast and tax Single room	es included. Double room
Santemar**** (Conference Venue)	11400	15400
Mexico*** (1)	6500	10100
Picos de Europa** (1)	6000	8500
(1) These hotels are in the city centre, and are not within walk Hotel	Departure day.	
Total nightsType of Room (Single or Doub Method of payment	ne)	
Only the first night will be charged to guarantee your reservat to the hotel.	tion. The remainder nig	ghts must be paid directly
• Check payable to VIAJES AFORO, in Spanish Pesetas		
• Bank transfer to VIAJES AFORO: (Bank: Caja Cantabria, Bank account number: 2066 0013 22 0200013697 (Please		•
Credit Card: VISA □ EUROCARD □ MASTERCAR	D 🗆	
Credit card number:	Expiration date:	
Card holder (name as appearing on the card):		
Total amount (one night)		
Signature:		

Note: There is a limited number of hotel rooms, and thus they will be assigned on a first-come first-served basis. No reservation request will be confirmed until payment has been received.