INTERMAG 2008

PARTICIPANT'S DATA

FAMILY NAME:	NAME:							N N N N N N N N N N N N N N N N N N N
INSTITUTION / COMPANY:								
INSTITUTION / COM	VIPANT:							
DEPARTAMENT:								Madrid
STREET:		CITY:						
POSTCODE:		COUNTRY	RY:					
PHONE:				FAX:				
E-MAIL:								
ACCOMODATION								
HOTELS	DOUBLE R				OOM DOUBLE FOR SINGLE USE SINGLE RO			
SOFITEL CAMPO	DE LAS NACIONE	S ****	-			-		-
NOVOTEL MADRID CAMPO DE LAS NACIONES **** -						-		-
NH SANVY **** On request from 4 May onwards -						-		-
TRYP GRAN VIA ***						-		-
TRYP REX ***						-		-
TRYP ATOCHA ****					-			-
HOTEL CONVENCIÓN****					-			-
HOTEL GRAN ATLANTA ****						-		-
TRYP INFANTA MERCEDES ***						-	-	
HOTEL CHAMARTÍN ****					-		-	
NH ZURBANO *** On request from 4 May onwards					-		-	
ARRIVAL DATE:				TOTAL TO PAY:				
DEADLINE TO GUAR In order to guarantee y The amount received y No reservations will be CANCELLATIONS: -All cancellations must -No penalties will apply -Hotels will charge one	RANTEE HOTEL RESER' your reservation, it is necessible to be deducted from you be considered nor confirment to be made in writing and so y if reservations are cancer.	d if payment for the deposent to the secretariat of the elled before 31st March, 20 f reservations are cancelled	ight, accordi sit has not be e Conferenc 108.	en received		and hotel sel	ected.	
METHOD OF PAYMENT								
CREDIT CARD: Please print card details clearly to avoid confusion and rejection of payment.								
CREDIT CARD		CARD NUMBER:						
EXPIRY DATE:		HOLDER'S NAME	:					
DATE:		*CSC Code:			*Digit Code, in the Visa Card 3 digit 4 digit on American Express on the			
CARDHOLDER'S SIGNATURE:								
		ordance with th Personal Da at to send you information r						

CONGRESS SECRETARIAT: SIASA CONGRESOS, S.A. Paseo de la Habana 134-A, 28036 Madrid Tlf.:(34) 91 457 48 91 / Fax: (34) 91 458 10 88