

10th International Meeting Europharm SMC 8th & 9th March 2012

HOTEL MAJESTIC ***** Barcelona - Spain

HOTEL BOOKING FORM

Please return this form at your earliest convenience but **not later than 7**th **February 2012** *Fax Number:* + 34 93 487 97 90

Reservation de	etails M	r. 🗖 1	Mrs. \square	M	ls. 🗖
Address:	nization:/:	State	e:	Coun	try:
Options:	Double room	Dou	ıble for sin	gle use \square	ı
Deluxe room ☐ Other type (please specify):					
Arrival Date		(dd/	mm/yy)	Estimate	ed arrival time:
Departure Date (dd/mm/yy)					
Smoking Non smoking (subject to availability upon arrival)					
Hotel Majestic & Spa 5* GL Passeig de Gràcia, 68 08007 Barcelona Phone: +34 93 488 17 17 Fax: +34 93 487 43 20 Deluxe room double occupancy Deluxe room double occupancy Deluxe Urban room single occupancy Deluxe Urban room double occupancy Deluxe Urban room double occupancy Buffet Breakfast in our restaurant included Check-in: 3 p.m Check-out: 12 noon					
Reservation Policy:					
Reservation guaranteed by credit card: The cardholder's signature is required.					
Credit Card	Eurocard	Mastercard		/isa 🗖	American Express
This is a company card ☐ or a private card ☐ in the name of:					
- Company name:					
- Name cardholder:					
- Card Number: Expiry date:					
Payment will be made upon check out at the reception					
 The booking forms not received before 07/02/2012, the Hotel will be free to release the blocked rooms. Cancellations received from 22/02/2012 & no show, the Hotel is entitled to charge full stay on the above mentioned credit card. 					
I agree with the above conditions. Signature Card Holder:					