



BOOKING FORM 21st IFATCC congress

(Please fill in the entire information request with capital letters).

Name:.....Surname:.....
 Enterprise:.....Address:.....
ID number or passport number:.....
 Postal code.....City.....Country.....
 PH.....Fax.....
 E-mail.....

| HOTEL | CATEGORY | DATES | SINGLE ROOM | DOUBLE ROOM SINGLE USE | DOUBLE ROOM |
|---------------|----------|-------------------------|-------------|------------------------|-------------|
| Ayre Gran Vía | 4* | From 18oct07 to 31dec07 | 128,40 | 149,8 | 163,71 |
| Ayre Gran Vía | 4* | From 1st January 08* | 147,66* | 165,85* | 181,9* |

*The hotel reserves the right to modify the prices depending on the availability of the moment. Not insured availability from 1st Jan08.

Please book.....room:~ single Double room single use . double
 Double room share with.....
 Arrival Date.....Leaving Date.....
 Total num. nights.....
 Each reservation must be joint with the payment for being completely realized.

TOTAL RESERVATION AMOUNT:.....EUROS

- ✓ The confirmation has to be sent by E-mail or Fax when the payment has been done it to firabcn@ultramarexpress.com or fax + 93 482 71 58.
- ✓ Fares for room and night including: **accommodation, continental breakfast and Tax.**
- ✓ The rooms will be assigned in order of arrival.
- ✓ At the moment of the booking confirmation Ultramar will proceed to charge the total stay

Cancellations and Refunds:

- __ Cancellations requested up to 31st December will be penalized with the payment of the first night booked.
- __ Cancellations, night reductions received from 1st January 08, won't be refunded. (Penalized 100%)
- __ All the cancellations have to be notified by e-mail or fax.
- __ All the refunds will be realized after the total staying.

PAYMENT FORM: The payment will be realized in euros.

✓ Bank transfer for: *Tui España Turismo S.A.*
 Sabadell Atlántico – Av/ Gabriel Alomar nº1, - 07006 Palma de Mallorca (Spain)
 Account Number: 0081 - 5138 - 68 – 0001000210
 SWIFT/BIC: BSABESBB
 Please note in concept: AEQCT - Surname.

- ✓ By Credit Card: Visa / Mastercard / Eurocard (16 digits)
 - Credit Card Number:
 - Expiry date:
 - Name and surname of the holder:

Signature authorization of the holder of the card,