

ENVIAR A: **VIAJES EL CORTE INGLÉS, S.A. DIVISIÓN DE CONGRESOS**

TLF: +34.954.50.66.00 EXT. 1 FAX +34.954.22.42.45

E-mail: sevillacongresos2@viajeseci.es

PERSONAL DETAILS

FAMILY NAME, NAME					
COMPANY					
E-MAIL					
PHONE		MOBILE		FAX	

ACCOMMODATION

HOTEL	REGIMEN	SINGLE ROOM	DOUBLE
SANTEMAR 4*	ONLY ACCOMMODATION	66,00 €	69,00 €
	B&B	72,00 €	83,00 €

YOUR RESERVATION DETAILS

ROOM TYPE:		NUMBER OF ROOMS	
ARRIVAL DATE:		DEPARTURE DATE:	TOTAL NIGHTS:
<u>TOTAL SERVICE:</u>			

METHODS OF PAYMENT

1.- CREDIT CARD: AMERICAN EXPRESS VISA MASTER CARD OTHERS

HOLDER NAME:			
CARD NUMBER:			
EXPIRY DATE:		REVERSE SECURITY CODE (CVV):	

I authorize Viajes El Corte Inglés to charge my credit card the services mentioned in this form.

CARD HOLDER SIGNATURE:

NATIONAL BANK TRANSFER: Please detail the name of the congress and the company in order to identify the payment.

(It is essential to send a copy by fax or e-mail) All fees concerning the bank transfer will be supported by the sender.

Account Holder: Viajes El Corte Inglés.

Bank: Santander Central Hispano

Account number: 0049 1500 03 2810355229

INTERNATIONAL BANK TRANSFER: Please detail the name of the congress and the company in order to identify the payment. (It is essential to send a copy by fax: 00 34 954 22 59 49). All fees concerning the bank transfer will be supported by the sender.

Account Holder: Viajes El Corte Inglés.

Bank: BBVA

Account number: ES97-0182-3999-37-0200664662

Swift code: BBVAESMMXXX

The personal details included in this document are of a confidential nature. In accordance with the Organic Law 15/1999, of 13 December, the holder of this data will be able to exercise his or her right of access, change and cancellation upon written request to Viajes El Corte Inglés, S.A.

If you need an invoice addressed to your institution / lab, please fill in the following blanks:

Institution /lab. _____

Adresse: _____ City: _____

Pize Code: _____ Vat Number: _____