

**HOTEL RESERVATION FORM**

**Festivity of Sant Raimon de Penyafort**

**Il.lustre Col.legi de l´Advocacia de Barcelona**

**Barcelona, 22-25 Febrero 2018 / 22-25 February 2018**

Please return this form to: / Por favor envíe este formulario a:

**B the travel Brand Phone:** (+34) 93 515 72 16

Av. Paral·lel 87 **E-mail**: Pilar Duarte

08004 Barcelona [p.duarte@bthetravelbrand.com](mailto:p.duarte@bthetravelbrand.com)

Please use capital letters to fill in this form / Por favor rellene este formulario con letras mayúsculas.

Family name/Apellido: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name/Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mr/Sr  Mrs/Sra

Address/Dirección \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code/Código postal \_\_\_\_\_\_\_\_\_\_\_\_ City/Ciudad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country/País \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Accommodation / Alojamiento** | **Double room single use** | **Double room** | **NIGHTS** | **ARRIVAL DATE** | **DEPARTURE DATE** |
| **HOTEL MAJESTIC 5\* GL**  [www.hotelmajestic.es](http://www.hotelmajestic.es) | **265.38 €** | **312.48 €** |  |  |  |
| **HOTEL ROYAL 4\***  [www.royalpasseigdegraciahotel.com](http://www.royalpasseigdegraciahotel.com) | **150.70 €** | **178.64€** |  |  |  |
| **HOTEL ROOM MATE CARLA 4\***  [www.987hotels.com](http://www.987hotels.com) | **160.21 €** | **171.37 €** |  |  |  |
| **HOTEL CATALONIA EIXAMPLE 1864 4\***  [www.hoteles-catalonia.com](http://www.hoteles-catalonia.com) | **151.21 €** | **182.42 €** |  |  |  |
| **HOTEL THE ONE BARCELONA**  [www.hotelstheone.com](http://www.hotelstheone.com) | **247.48€** | **272.48€** |  |  |  |

Room rates are in Euros per night per room, including service tax (currently 10% VAT), City tax and breakfast.

Las tarifas están expresadas en Euros, por habitación y noche incluyendo IVA 10%, Tasa Turística y desayuno.

**TOTAL AMOUNT / IMPORTE TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_ €**

**Important Note: *Due to the influx of visitors attending the Mobile World Congress which will occur just one week after our Festivity, we would like to inform you that we cannot guarantee availability for reservations received after 11 December 2017, leaving the reservations on request.***

**Three weeks before arrival the hotel will charge one night, not refundable in case of cancellation. From the 10th of February any cancellation will be charged with the total amount.**

**Nota importante:** Debido a la alta ocupación de los hoteles por el Mobile Congress, le informamos que no podremos garantizar la disponibilidad de habitaciones para solicitudes recibidas después del 11 de diciembre de 2017, quedando éstas bajo petición.

**Tres semanas antes de la llegada, el hotel cargará una noche, no reembolsable en caso de cancelación. A partir del 10 de Febrero, cualquier cancelación supondrá el 100% de gastos del importe total de la estancia.**

Please indicate a second choice of hotel / Hotel Alternativo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT – Credit Card / FORMA DE PAGO – Tarjeta de Crédito.**

Please indicate your credit card details. This credit card information will be provided to the hotel as a guarantee of the reservation. The full amount will be charged direct to the hotel at the time of check-out.

Por favor, indique los detalles de su tarjeta de crédito. Esta tarjeta será utilizada para garantizar su reserva en el hotel seleccionado. El importe total será cargado directamente en el hotel en el momento del check-out.

 **VISA**  **MASTERCARD / EUROCARD**  **AMERICAN EXPRESS**  **DINERS CLUB**

**Card Number / Tarjeta de crédito: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date / Caducidad \_\_\_\_ / \_\_\_\_\_**

**Cardholder’s Name / Titular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CVV \* \_\_\_\_\_\_\_**

**Signature / Firma:**  ***FORMS WITHOUT PAYMENT DETAILS WILL NOT BE ACCEPTED***