

**EBF CONFERENCE 2010
GENERAL BOOKING FORM
ACCOMMODATION FORM REF: HR99071741**

HOTEL HESPERIA TOWER
Gran Via 144
Bellvitge 08907
L'Hospitalet de Llobregat
Barcelona

Tel: + 34 93 413.50.50
Fax: + 34 93 413.50.10
e-mail: reservas@hesperia-tower.com

To ensure you receive the preferred group rate listed below, please return this form at least one month before the group arrival.

Please reserve for me: (tick as appropriate)

- Deluxe Room single: €145 + 8% VAT
- Deluxe Double Room: €165 + 8% VAT
- Non-Smoking Room

Breakfast included

VAT not included

Arrival date: _____
(check-in time is:3:00 pm)

Departure date: _____
(check-out time is:12:00 noon)

Surname:	First Name:
Company:	VAT/Fiscal number:
Address:	Postcode:
Country:	Tel:
Fax:	e-mail address:

To guarantee the reservation, please submit your credit card details:

VISA EUROCARD/MASTERCARD

Expiration Date:
□ □ ■ □ □

AMERICAN EXPRESS

Expiration Date:
□ □ ■ □ □

DINERS

Expiration Date:
□ □ ■ □ □

Name on the Credit Card

Signature of Cardholder _____