

AC/WBC' 06
San Sebastian – 25th / 28th February 2006

Please complete this form and return with payment, no later than **January 30^h**, to :
Viagens Abreu S.A.,
 Congress Dept. c/o: Helena Desidério - Av. 25 de Abril, 2 2799-556 Linda-a-Velha
 Phone: 351.21415 61 22 Fax : 351.21415 63 83/4 hdesiderio.lisboa@abreu.pt

1. PARTICIPANT

MR / MS _____ (Last Name) _____ (First Name)
 INSTITUTION _____
 ADDRESS _____ CITY _____ COUNTRY _____
 PHONE _____ TELEFAX _____ E-MAIL _____

2. ACCOMPANYING PERSON(S)

MR / MS _____ (Last Name) _____ (First Name)
 MR / MS _____ (Last Name) _____ (First Name)

3. HOTEL INFORMATION

HOTEL	CATEGORY	SINGLE	DOUBLE
NH ARANZAZU	****	€ 110,00	€ 125,00
SAN SEBASTIAN	****	€ 110,00	€ 148,00
HESPERIA DONOSTI	****	€ 98,00	€ 120,00

4. ACCOMMODATION

Please reserve my Accommodation in the following Hotel:

1st Choice Hotel _____ • 2nd Choice Hotel _____ Single • Double

Arrival ___ / ___ / 2006 • Departure ___ / ___ / 2006 • Total Nights _____

___ night(s) X ___ room(s) X _____ **(A) SUB TOTAL** _____

(If choices are already fully booked , we will confirm another Hotel)

5 . METHOD OF PAYMENT

Please charge my Credit Card VISA___ MASTERCARD___AMERICAN EXPRESS___ DINERS___
 Credit card Number _____ Expiry Date ___ / ___
 CVV _____ (last 3 numbers on the back side) Owner's Name _____
 Address _____

Bank Transference to:

In this case, please send us
 a copy of the Bank Transference

→ Banco BPI, SA
 Centro de Empresas Porto
 Viagens Abreu S.A.
 Account number : 1292463-000-001
 Bank Swift BBPIPTPL
 IBAN n°: PT.50001000001292463000131

BOOKING & PAYMENT CONDITIONS

Payment must accompany this Application Form **no later than January 30th**. Viagens Abreu will send you confirmation by fax, or email. Changes in reservations will be subject to an administration charge of € 5. Cancellations from **January 30th and until February 3rd** = The first two nights, not refundable. Cancellations from **February 4th until the 10th February** = Four nights will be charged. Cancellations after **February the 11th** = Full amount will be charged.

Date : _____ Signature : _____