

HOTEL RESERVATION FORM

PERSONAL DATA	
SURNAME	
NAME	
PASSPORT / ID Nr	
ADRESS	
CITY	
COUNTRY	
POSTAL (ZIP) CODE	
TELEPHONE	
EMAIL	

HOTEL BOOKING	
HOTEL (1st choice)	
HOTEL (2nd choice)	
ROOM (single/double)	
CHECK IN DATE	
CHECK OUT DATE	

PAYMENT PROCEDURE: Bank transfer to: Bank: CajaMurcia Account nr. 2043 0129 70 0200511611	PLEASE SEND THIS BOOKING FORM TO BCD Travel : By e- mail: gsutter@bcdtravel.es By Fax: (034) 968 367937 By snail mail: BCD Travel FACULTAD DE ECONOMIA CAMPUS DE ESPINARDO S/N 30100 MURCIA SPAIN Contact telephone number: (034) 968 367936
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DEADLINE FOR INSCRIPTION: _____

* If you wish an invoice or bill for your business or university, please send your full data.

DATE AND SIGNATURE: