

“The Metal-Rich Universe”
HOTEL RESERVATION FORM

Family name: _____ First name: _____

Gender: Female Male

Passport No.: _____

Institution: _____ E-mail: _____

Date of check-in: _____ Date of check-out: _____

H10 Taburiente Playa Hotel:

Type of room: Single room Double room

Board: Bed & Breakfast Half Board Full Board

H10 Costa Salinas Apartments:

Type of apartment: Single Double Triple

Board: Bed & Breakfast Half Board Full Board

I wish to share with another participant or accompanying person:

Name: _____ Passport N^o: _____

If any child is coming with you, please specify its age:

Indicate any special arrangement required: _____

Card type: Visa Mastercard

Credit card no.:

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Expiry date (mm/yy)

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 Holder's name:

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Please, return this form to the LOC by fax (+34 922 605 210) no later than May 5th 2006, This information will be confidential and it is only necessary to confirm room reservation.