



CONTINENTAL HOTELS HISPANIA, S.L.
Calle Pallars 203
08005 Barcelona
Cif: B-62345616



ACCOMMODATION BOOKING FORM FOR EFUS from 15th to 18th November 2017

Please PRINT in CAPITALS or TYPE all details within the fields below

Attention:	Reservations Department
Hotel Name:	HOLIDAY INN EXPRESS BARCELONA CITY 22@
Mail	express.barcelonacity@continentalhotels.eu

PLEASE RESERVE THE FOLLOWING ACCOMMODATION:

Guest First Name:	
Guest Last Name:	
Address:	
Telephone Number:	
Fax Number:	
E-mail:	
Arrival Date:	
Departure Date:	
Total Number of Nights:	
Occupancy	Single Occupancy Double Occupancy
Smoking	Smoking Non Smoking
Other Requests	
INVOICE TO:	

CREDIT CARD DETAILS ARE REQUIRED TO GUARANTEE THE ROOM:

Credit card number:	
Expiry date:	
CVC number: (last 3 digits on the back, does not apply to AMEX)	
Card Holders Name:	
Authorisation Signature:	

I understand that I will be responsible for payment of accommodation, city tax & personal incidentals upon check-out.

CONFIRMATION FROM HOTEL:

Please ensure that you receive your confirmation from the hotel. This should quote your unique confirmation number and advise you of the applicable cancellation terms.

CANCELLATIONS: Individual cancellations must be made a day prior to expected arrival and are subject to the individual hotel's terms and conditions. Cancellation after 16:00 of arrival will incur a charge for the entire stay.