## HOTEL RESERVATION FORM

Please mail or fax to

**VISTA** 

EURO-PDT 2020
24 rue Erlanger - 75016 Paris, France
Tel: +33 (0)1 46 43 33 55 - Fax: +33 (0)1 46 24 88 38 - Email: europdt@groupevista.com

DELEGATE			
Title			
Last Name	First Name		
Institution/Company			
Address			
Zip City	Country		
Phone	Fax		
Email			
ACCOMPANYING PERSON			
Last Name	First Name		
HOTEL BARCELO RENACIMIENTO			
Date of arrival	Date of departure		
Single occupancy room with breakfast (per room, per night)			□ 180 €
Double occupancy room with 2 breakfasts (per room, per night)			□ 205€
		1	X night(s)
HOTEL BARCELO SEVILLA RENACIMIENTO			
Avda. Alvaro Alonso Barbe, S/N 41092 Sevilla - Spain		TOTAL	
HOTEL CANCELLATION POLICY			
Cancellations must be notified in writing to VISTA and are subject to the following conditions:			
. Until December 27st, 2019: 50% refund . After December 27st, 2019: no refunds will be issued . All refunds will be processed after the meeting			
$\hfill\Box$ I have read and accept the hotel cancellation policy	Dete	Cim-share	
PAYMENT	Date	Signature	
☐ <b>By bank transfer</b> in Euros to the order of VISTA/EURO-PDT to:  Bank code: 30788 - Sort code: 00900 - Account n° 01220780001 - Key 52 - IBAN: FR76 3078 8009 0001 2207 8000 152 - BIC: NSMBFRPPXXX (copy of bank transfer must be sent along with registration/hotel reservation form)			
☐ By credit card (+4% processing fees) ☐ Visa	☐ Eurocard/Mastercard		
Cardholder Card	number	Signature	
Card verification code (3 digits on back of card)	Expiry date	(month) (year)	