



Recinto Pueblo Español, Oficina nº 5
07014 Palma de Mallorca - Baleares

(+34 - 971 - 22.10.04

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FISES 2012
October, 18-20, 2012
MALLORCA - BALEARES - SPAIN

HOTEL RESERVATION FORM

Please fill in this FORM and send it by fax to DIPLOMATIC SERVICES on +34 971 73 85 12 or scanned by e-mail to esperanza@diplomatic-services.com We would appreciate to receive it before 15th September 2012
Once we receive this FORM we shall confirm your accommodation either by fax or e-mail

Name and Surname: _____
 Organization / Institution: _____
 Address: _____
 City: _____ State/Province: _____ Postal code : _____ Country : _____
 Fax: _____ Phone: _____ E-mail: _____

(Please write clearly)

Sharing room with: _____
 (Name and Surname)

Participant Non Participant = (Accompanying person)

If the sharing person requires a separate invoice for his/her accommodation, please send us a separate FORM

A - HOTEL (4 Stars)	B - HOTEL (3 Stars)	C - HOTEL (3 Stars)	D - HOTEL (2 Stars)	E - HOTEL (3 Stars)
TRYP PALMA Font i Monteros, nr. 23 07003 Palma de Mallorca	ALMUDAINA Avda. Jaime III, nr. 9 07012 Palma de Mallorca	TRYP BOSQUE Camilo José Cela, nr 5 07014 Palma de Mallorca	ABELUX C/ Ramón Muntaner, 30 07003 Palma de Mallorca	PALLADIUM Paseo Mallorca, 40 07012 Palma de Mallorca

* Please mark at least two chosen options in preference order : 1st. = _____ 2nd = _____

All reservations will be confirmed in strict order of receipt of this FORM

Rates per ROOM and NIGHT, Buffet Breakfast, WIFI & VAT included (except Hotel ABELUX = Continental breakfast)

	A	B	C	D	E	
Twin room: (2 pers.)	127,00 €	116,00 €	80,00 €	67,00 €	85,50 €* *	* Superior room
Twin room for single use (1 pers.)	117,00 €	85,00 €	70,00 €	47,00 €	70,00 €* *	* Superior room
Single room (1 pers.)	N / A	78,00 €	N / A	N / A	N / A	

Type of room to be reserved:

Twin room (2 pers.) Twin room for single use (1 pers.) Single room (1 pers.)

Arrival DATE: _____ Dep. DATE: _____ Total nights: _____
 Arr. Flight nr. _____ Dep. Flight nr. _____
 Arrival time: _____ Dep. time: _____

For additional nights Pre - Post Meeting, same rates as above will be applied (depending on availability).

PLEASE NOTE : The EXTRAS are to be settled directly by you with the Hotel on departure day.

PROFORMA - INVOICE

Twin Room on Bed and Breakfast basis	Hotel _____	€ x ___ nights =	_____ €
Twin Room for single use on Bed and Breakfast	Hotel _____	€ x ___ nights =	_____ €
Single room on Bed and Breakfast basis	Hotel _____	€ x ___ nights =	_____ €
Total amount to be settled prior to your arrival (**)			_____ €

Method of Payment:

1) By CREDIT CARD:

<input type="checkbox"/>	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MASTER CARD
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(Please note, we ONLY accept the above mentioned Credit Cards)

Card Number: _____ / _____ / _____ / _____

Expire date: _____ / _____

(Please make sure that there are 16 digits)

Card Holder Name:

Signature:

() The total amount will be charged to the Credit Card, any date between 12th to 16th October 2012**

2) By BANK TRANSFER:

Should you wish the payment to be made by Bank Transfer, you can do it by sending it FREE OF CHARGES TO US, before 1st October 2012, to :

LA CAIXA Calle Fray Junipero Serra, 18 07014 Palma de Mallorca Account N ^o .: 2100 - 0551 - 59 - 0200276723 IBAN: ES25 2100 0551 5902 0027 6723 SWIFT: CAIXES BB 652 VIAJES DIPLOMATIC, S.L.

If you choose to settle your Hotel-accommodation by bank transfer:

- Please indicate clearly on the transfer the name(s) of the participant(s) that are being paid for and the name of "FISES"
- Make sure we will receive the total amount, free of any bank charges for Diplomatic Services, otherwise you will have to pay Diplomatic Services for any bank charges discounted from the bank transfer received.
- You should use IBAN number if you are in Europe
- Please send copy of the bank transfer to:
DIPLOMATIC SERVICES on fax number + 34 971 73 85 12 together with this Form or scanned by e-mail to :
esperanza@diplomatic-services.com

PLEASE NOTE:**All cancellations must be in writing****Hotel cancellation fee (to be discussed with the corresponding hotel) will be applied to all cancellations received as from 8th October 2012****Mandatory : INVOICE (S)**

When sending this FORM, please provide us with the following information details by e-mail:

a) I need an invoice in MY NAME (PERSONAL INVOICE)

- Surname & Name
- Home Address
- Passport number

or

b) I need an INVOICE FOR MY ORGANIZATION / INSTITUTION, made out to:

- (Your name & surname will be also mentioned on this invoice)**
- Full Address of the Company / Organization (including zip/code number)
- VAT number of the Company (Tax number)

The invoice / s, together with your credit card charge (if applies) will be given to you in hand at the Meeting Venue

DATE : _____

SIGNATURE : _____