



**SPANISH CONFERENCE  
ON ELECTRON DEVICES  
08 - 11 February 2011  
MALLORCA - BALEARES - SPAIN**

**HOTEL RESERVATION FORM**

Recinto Pueblo Español, Oficina nº 5  
07014 Palma de Mallorca - Baleares  
( +34 - 971 - 22.10.04  
E-mail: [esperanza@diplomatic-services.com](mailto:esperanza@diplomatic-services.com)

**Please fill in the FORM below & fax to DIPLOMATIC SERVICES on + 34 971 73 85 12, before the 20th January 2011**  
You will then receive confirmation of your Hotel reservation, either by fax or e-mail

**Surname and Name of PARTICIPANT:** \_\_\_\_\_

**Organization / Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
(Please write clearly)

**Sharing room with:** \_\_\_\_\_  
(Surname and Name of the accompanying person)

**Arrival date:** \_\_\_\_ / \_\_\_\_ / 2011 **Dep. date:** \_\_\_\_ / \_\_\_\_ / 2011 **Total nights:** \_\_\_\_\_

**Arrival flight:** \_\_\_\_\_ **Dep. flight:** \_\_\_\_\_

**Arrival time:** \_\_\_\_\_ **Dep. time:** \_\_\_\_\_

A	B	C	D
<b>HOTEL TRYP BELLVER-4****</b> Paseo Marítimo, nr. 11 07014 Palma de Mallorca	<b>HOTEL HM JAIME III - 4****</b> Paseo Mallorca, nr. 14 B 07012 Palma de Mallorca	<b>HOTEL COSTA AZUL - 3***</b> Paseo Marítimo, nr. 7 07014 Palma de Mallorca	<b>HOTEL ALMUDAINA - 3***</b> Avda. Jaime III, nr. 9 07012 Palma de Mallorca

**RATES per ROOM & NIGHT, Buffet Breakfast and VAT incl.**

<b>Hotel Option :</b>	A	B	C	D
> TWIN ROOM: (2 pers.)	99,00 Euros	115,00 Euros	80,00 Euros	<b>96,00 Euros (*)</b>
> TWIN ROOM FOR SINGLE USE: (1 pers.)	89,00 Euros	105,00 Euros	66,05 Euros	77,00 Euros
> SINGLE ROOM (Sea view not possible) (1 pers)	N / A	N / A	54,50 Euros	N / A
> Supplement to guarantee SEA VIEW (Optional)	20,00 Euros	N / A	7,10 Euros	N / A

(\*) Minimum 2 nights stay

**HOTEL TO BE RESERVED:**  
(Please choose at least two options)

**Type of room to be reserved:**

1st Option	2nd Option	3rd Option

Twin Room (2 pers) <input type="checkbox"/>	Twin Room for Single use (1 pers) <input type="checkbox"/>	Single Room (1 pers) <input type="checkbox"/>
<b>YES / NO</b>	<b>YES / NO</b>	

Only for Hotels TRYP BELLVER & COSTA AZUL - Suppl. SEA VIEW

**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 =	_____ €
<b>OPTIONAL Supplement for room SEA VIEW</b>	<b>Hotel :</b>	x _____ nights =	_____ €
<b>Total amount to be settled prior to your arrival (*)</b>			_____ €

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

[Please note that any EXTRAS are to be settled directly by you with the Hotel on departure]

**Method of Payment:**

1) By CREDIT CARD:  VISA  MASTER CARD

(Please note, we ONLY accept the above mentioned Credit Cards)

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Please make sure that there are 16 digits)

Expire date: \_\_\_\_\_ / \_\_\_\_\_

Month / Year

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(\*) The total amount will be charged to the Credit Card, after 19th January 2011.

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 28th January 2011, to :

**LA CAIXA**

Calle Fray Junipero Sera, 18

07014 Palma de Mallorca

Account N°: 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:

- a) Please indicate clearly on the transfer the name(s) of the participant(s) that are being paid for.
- b) 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 you sent.
- c) You should use IBAN number if you are in Europe
- d) 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](mailto:esperanza@diplomatic-services.com)

**PLEASE NOTE:**

All cancellations must be in writing

CANCELLATION FEE will be applied 7 days before arrival : 100% of the proforma invoice

**MANDATORY :**

We would appreciate if you can fill in the following requirements, in order for us to issue the invoice of your payment:

OPTION A) = PERSONAL INVOICE, the details needed are :

Name & surname of the person

Private address (complete, indicating postal code nr.)

Passport number

OPTION B) = INSTITUTIONAL INVOICE, the details needed are :

Name of the institution

Complete address of the institution (including postal code nr.)

VAT (Tax number)

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

DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_