



Recinto Pueblo Español, Oficina nº 5
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NONLINEAR CHARGE AND SPIN TRANSPORT
THROUGH NANOSCOPIC SYSTEMS

June 6-9, 2011
MALLORCA - BALEARES - SPAIN

HOTEL RESERVATION FORM

Please fill in this FORM & fax to DIPLOMATIC SERVICES on +34 971 73 85 12, before April 4th 2011.
Alternatively, you may scan the FORM to a pdf file and send it by e-mail to {esperanza@diplomatic-services.com}

You will 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)

(IF APPLIES) Sharing room with: _____

(Surname and Name of the accompanying person)

IF YOU ARE COMING WITH AN ACCOMPANYING PERSON, PLEASE FILL IN THE CREDIT CARD INFORMATION BELOW

Arrival date: ____ / ____ /2011 Dep. date: ____ / ____ /2011 Total nights: _____

Arrival time: _____ Dep. time: _____

Hotel RIU BONANZA PLAYA

Address: Paseo de Illetas, s/n. - 07 181 ILLETAS (CALVIÀ)
Telephone Nº: + 34 971 40 11 12

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

The Organization covers up to 4 nights (5-9 June). Accom. Pers & Extra nights will have to be paid by the participants.

ADDITIONAL NIGHTS : Twin or double room (2 pers.) on HALF BOARD basis = 165 Euros per room & night

ADDITIONAL NIGHTS : Twin room for single use (1 pers.) on HALF BOARD basis = 105 Euros per room & night

Supplement / rate, for the ACCOMPANYING PERSON sharing a TWIN or DOUBLE room : 60 Euros PER NIGHT

(Should you be travelling with children, please indicate the age & check with us for the corresponding supplement)

PROFORMA INVOICE (DRINKS with dinner are not included on the rates)

Additional nights : On (type of room) _____ room on Half board basis x _____ nights =

Supplement for the accompanying sharing a twin or double room on Half board basis 60,00 € x _____ nights =

TO BE FILLED IN ONLY BY PARTICIPANTS COMING WITH ACCOMPANYING PERS. OR STAYING MORE THAN FOUR NIGHTS

METHOD OF PAYMENT : CREDIT CARD

VISA

MASTER CARD

PLEASE NOTE: We ONLY accept the above mentioned Credit Cards

Credit Card Number: _____ / _____ / _____ / _____ Expire date: _____ / _____

Please make sure the numbers are written clearly and that there are 16 digits.

Card Holder Name: _____ Date : _____

Authorised Signature of Card holder: _____

CANCELLATION FEE : As from 24th May 2011 : 100%

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 code nr.)

Passport number

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

Name & surname of the institution

Complete address of the institution (including code nr.)

VAT (Tax number)