

SCET2012**AUTHORIZATION OF CHARGE TO THE CREDIT CARD
TRYP MENFIS**

First and last names: _____

Passport Number: _____ Institution/organisation: _____

Price per night/room including breakfast at the Hotel Tryp Menfis

CATEGORY	RATE (including VAT)	Nº ROOMS
SINGLE ROOM	92	
DOUBLE ROOM	120	

Arrival date: _____ Time: _____

Departure date: _____ Time: _____

Number of nights: _____ (For PhD students) I will share the room with: _____

Data to confirm the reservation:

Contact Telephone Number: _____ Mobile: _____

e-mail: _____ Fax: _____

 Visa Amex Eurocard / Mastercard Diners Tarjeta Corte Inglés

Credit card Number: _____ Expiry date: _____

Name of the cardholder: _____

If you need an invoice, please give your:

Passport Number: _____

Address: _____

City / postal code: _____

Date: _____

Signature (card holder): _____**PLEASE RETURN THIS FORM FILLED EITHER VIA FAX OR E-MAIL TO**Phone: +34 91-394-35-05 / Fax: 91.394.3330 o ucm@viajeseci.es

THE BOOKING DEAD LINE IS THE 5th FEBRUARY 2011.