



IMEDEA- GNOME MEETING
Mallorca, 13th - 14th June/2006

Recinto Pueblo Español, Oficina nº 5
07014 Palma de Mallorca - Baleares
C +34 - 971 - 22.10.04

HOTEL RESERVATION FORM

E esperanza@diplomatic-services.com

Please fill in the FORM below & FAX to Diplomatic Services on 34+971 73 85 12, before the 5th June 2006

You will then receive confirmation of your Hotel reservation, either by fax or e-mail

Surname/Name of PARTICIPANT: _____

Organization / Affiliation: _____

Address: _____

City: _____ **State/Province :** _____ **Country:** _____

Fax: _____ **Phone:** _____ **E-mail:** _____

(Please write clearly)

Sharing room with:
(Surname and Name) _____

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

Arrival date: ____ / ____ /2006 **Dep. date:** ____ / ____ /2006 **Total nights:** _____

Arrival time: _____ **Dep. time:** _____

A	B	C
Hotel PALLADIUM 3 ***	Hotel ISLA MALLORCA 3 ***	Hotel SA COMA 3 ***
Paseo Mallorca, 40 07012 Palma de Mallorca	C/ Alferez Cerdá, 7 07014 Palma de Mallorca	Camí des Molí, 3 07191 Banyalbufar - MALLORCA

(We have a certain number of rooms pre-reserved at the Hotels stated above.

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

Rates are per room and night; Breakfast & VAT / Tax incl.

	A	B	C
> Twin room: (2 pers.)	86,80 €	82,40 €	105,00 €
> Twin room for sole use: (1 pers.)	63,30 €	55,30 €	69,00 €

* **Type of room to be reserved:**

Twin room (2 pers.) ↑	Twin room for sole use (1 pers.) ↑
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N.B: For additional nights pre-post Meeting please ask us for availability and rates

PROFORMA INVOICE:	Hotel	Type of room	Nights	Rate	TOTAL:

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

* **METHOD OF PAYMENT : BY CREDIT CARD, to be charged prior to your arrival**

↑ VISA	↑ MASTER CARD
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(Please note, we ONLY accept the above mentioned Credit-Cards)

C. Card n°: ____ / ____ / ____ / ____ **Expire date:** ____ / ____

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

Card Holder Name: _____ **Date:** _____

Signature: _____
(Authorized signature of Card Holder)

NOTES :

- Cancellation fee will be applied to all cancellations received as from 10th. June 2006.

- Should you require an invoice for your Hotel Reservation, please fill in the following requirements :

- Invoice to be made out to :
- Organisation / Billing Address :
- Code & Country :
- VAT (Tax number) :