



**SOCIETY OF PLASTICS ENGINEERS
FOAMS® 2012 CONFERENCE & TUTORIAL
FROM 10th TO 13th SEPTEMBER, 2012**

TO: Ms. Marta Faixat

E-mail address: reservasportafira@h-santos.es

Fax number: 00 34 93 297 35 09

To be sure that you will have the group rate offered for this event in the Hotel Porta Fira please, fill and sign this form and send it back to us before 10th August 2012, because after this date the Hotel does not guarantee neither the availability nor the group rate.

All the bookings should be done, through this form by email or by fax. No call in reservations will be accepted.

Please, choose your option:

- URBAN double room for single use per night: 90 €
- URBAN double room for double use per night: 110 €
- Date of entrance _____
- Date of Departure _____

**Breakfast included
8% VAT is not included**

Surname: _____

Name: _____

Telephone number: _____

E-mail address: _____

Check in date: _____ (check in time 15:00 pm)

Check out date: _____ (check out time 12:00 pm)

CANCELLATION POLICY:

- No penalty for the cancellations received before the 10th August.
- One night of stay will be charged to the credit card given for any cancellation received between the 10th August and the 25th August 2012.
- The cancellations received from the 26th August until the arrival date will be invoiced for the whole stay.

Please, note that the entire stay will be charged to the credit card given in case you cancel de booking according to the cancellation policy detailed above.

Please, note that the entire stay will be charged to the credit card given in case of NO SHOW according to the cancellation policy detailed above.

To guarantee the booking, please fill the following information about your credit card:

CREDIT CARD:

- VISA MASTERCARD AMERICAN EXPRESS DINERS CLUB

CREDIT CARD HOLDER NAME & FAMILY NAME: _____

CREDIT CARD NUMBER: _____ EXPIRY DATE: _____

EMAIL: _____ CONTACT TEL.: _____

I, _____ (name and family name), with ID number _____ certify that the above information is true, and by this writing I give my authorization to the Santos Porta Fira Hotel to charge the total amount of the invoice for detailed reservation above to the credit card's details given in case the invoice is not settled up at the check-out time.

Signed, (credit card holder)

Date: _____ (city), _____ 2012.

TO BE COMPLETED BY THE HOTEL:

RESERVATION NUMBER _____

CONFIRMED BY _____