

ACCOMMODATION

Hotels at walking distance from the Bellvitge Hospital

Hotel Hesperia Tower *****

Special IDIBELL Symposium rates per room and per night are: 150,00 € single and 170,00 € double occupancy. Breakfast included. 7% VAT not included.

Please, fill in the attached accommodation form and send it back to the Hotel in order to make reservations and enjoy IDIBELL Symposium special rates.

<http://www.hesperia.com/hotels/Hesperia-Tower/index.cfm>



Hotel Hesperia Fira Suites *****

Special IDIBELL Symposium rates per room and per night are: 130,00 € single and 150,00 € double occupancy. Breakfast included. 7% VAT not included.

Please, call directly the hotel to make reservations and enjoy IDIBELL Symposium special rates: +00 34 935035970.

<http://www.hesperia.com/hotels/Hesperia-Fira-Suites/index.cfm>

Hotels downtown Barcelona

Hotel Montecarlo ****

Special IDIBELL Symposium rates per room and per night are: 78,00 € single and 165,00 € double occupancy. Breakfast NOT included (12,00€). 7% VAT is included.

Please, call directly the hotel in order to make reservations and enjoy IDIBELL Symposium special rates: +00 34 934120404 (ask for Sara Rodríguez).

<http://www.hotelmontecarlobarcelona.com/en/location.html>



Other hotels in Barcelona:

http://www.hotelsearch.com/hsearch/v/location_id_search?language=es&location_id=6356055#listView

CANCER EPIGENETICS & BIOLOGY SYMPOSIUM

28th-29th May 2009

ACCOMMODATION FORM REF: 4838190

HOTEL HESPERIA TOWER
Gran Via 144
Bellvitge 08907
L'Hospitalet de Llobregat
Barcelona



Tel: + 34 93 413.50.50
Fax: + 34 93 413.50.10
e-mail: reservas@hesperia-tower.com

To ensure you receive the preferred group rate listed below, please return this registration form no later than the 27th of April 2009 as the hotel will not be able to guarantee rooms after this date.

After the 27th of April, rooms can be reserved at the prices below only on a space-availability basis.

Please reserve for me: (tick as appropriate)

- Deluxe Room single: € 150
- Deluxe Double Room: € 170
- Non-Smoking Room

Breakfast included

Arrival date: _____
(check-in time is:3:00 pm)

Departure date: _____
(check-out time is:12:00 noon)

Surname:	First Name:
Company:	VAT/Fiscal number:
Address:	Postcode:
Country:	Tel:
Fax:	e-mail address:

To guarantee the reservation, please submit your credit card details:

VISA EUROCARD/MASTERCARD

Expiration Date:
[][] [][]

AMERICAN EXPRESS

Expiration Date:
[][] [][]

DINERS

Expiration Date:
[][] [][]

Name on the Credit Card

Signature of Cardholder _____

Please note: Full stay will be charged in case of cancellation from 72 Hours previous to the group arrival

The full stay will be charged in case of NO SHOW. Charges will be made directly to your credit card.