

# Summer School on Low EMF Communications and Networking

Santander, 06 - 09 July 2015

Viajes El Corte Inglés S.A.



División Congresos, Convenciones e Incentivos  
C/ Castelar nº 41-43 39004 Santander – Cantabria (Spain)  
Teléfono: 00 34 942 362 993 Fax: 00 34 942 314 942  
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## ACCOMMODATION FORM

PLEASE SEND THIS FORM by mail or fax to [congresossantander@viajeseci.es](mailto:congresossantander@viajeseci.es) (together with the copy of the payment receipt in case of bank transfer)

### PERSONAL DATA: (Fill in one form per person. Please, use capital letters)

NAME: .....  
Last First Mi

INSTITUTION /AFFILIATION: .....

TITLE Prof. Dr. Mr. Ms.

ADDRESS: .....  
Street Address

.....  
City State Zip Code Country

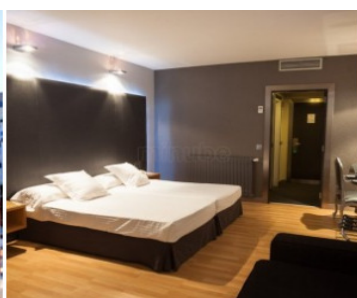
TELEPHONE: ..... FAX: .....  
Please include area, city, and country codes Please include area, city, and country codes

E-MAIL: .....  
Required for confirmation purposes

### ACCOMMODATION (AFTER 1ST JUNE 2015, CHECK THE AVAILABILITY OF ROOMS WITH VIAJES EL CORTE INGLES)

	DOUBLE ROOM	SINGLE ROOM
<b>HOTEL CHIQUI</b>	88,38 Euros	65,97 Euros

\*Prices are per room/day including breakfast (V.A.T. included)



## HOTEL RESERVATION:

TYPE OF ROOM: \_\_\_\_\_ DATE OF ARRIVAL: \_\_\_\_\_ DATE OF DEPARTURE: \_\_\_\_\_  
NUMBER OR NIGHTS: \_\_\_\_\_ NUMBER OF ROOMS: \_\_\_\_\_ **TOTAL AMOUNT RESERVATION:** \_\_\_\_\_

## PAYMENT:

### NATIONAL BANK TRANSFER TO VIAJES EL CORTE INGLÉS, S.A.

*Banco Santander Central Hispano. Plaza Canalejas 1 - 28014 Madrid*

*IBAN code: ES37 C/C : 0049 1500 03 2810355229*

### INTERNATIONAL BANK TRANSFER TO VIAJES EL CORTE INGLÉS, S.A.

*BBVA Banco Bilbao Vizcaya c/ Alcalá 16 - 28014 Madrid*

*IBAN code: ES97 C/C : 0182 3999 37 0200664662 SWIFT code: BBVA ESMXXX*

CREDIT CARD: *El Corte Inglés*      *Visa*      *Mastercard*      *Diners Club*

**HOLDER :** \_\_\_\_\_ **CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_ **C.V.C :** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

*I authorize to El Corte Inglés to charge in my card the total amount detailed in this form.*

## BILL: (To be filled in case a bill is required)

INSTITUTION /AFFILIATION: \_\_\_\_\_

NIF/CIF or N° PASSPORT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*Zip Code*

\_\_\_\_\_

*Country*

## CANCELLATIONS FEE:

0% TOTAL ROOM – BEFORE 22 JUNE 2015

50% TOTAL ROOM – 22 JUNE 2015 TO 28 JUNE 2015

100% TOTAL ROOM – AFTER 29 JUNE 2015

*Accommodation form sent by fax will not be admitted unless accompanied by a copy of the bank transfer receipt.*

**\*\*\* ONCE YOUR ACCOMODATION FORM HAS BEEN PROCESSED, YOU WILL RECEIVE CONFIRMATION BY E- MAIL \*\*\***

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