

**EUROPEAN CONFERENCE ON DRUG DELIVERY AND
PHARMACEUTICAL TECHNOLOGY
ACCOMODATION REGISTRATION FORM**

SURNAME	_____
NAME	_____
COMPANY	_____ I. D. _____
ADRESS	_____
ZIP CODE	_____ CITY _____
COUNTRY	_____ FAX _____
E-MAIL	_____

LIST OF ESTABLISHMENTS

	<u>Double Room</u>	<u>Single Room</u>
Hotel Meliá Lebreros ****.	190,70 € <input type="checkbox"/>	173,35 € <input type="checkbox"/>
Hotel Novotel Sevilla ****.	160,50 € <input type="checkbox"/>	140,00 € <input type="checkbox"/>
Hotel Occidental Sevilla ****.	155,20 € <input type="checkbox"/>	148,75 € <input type="checkbox"/>
Hotel Fernando III ****.	145,55 € <input type="checkbox"/>	139,10 € <input type="checkbox"/>
Hotel NH Plaza de Armas ***.	139,10 € <input type="checkbox"/>	123,10 € <input type="checkbox"/>
Hotel Virgen de los Reyes ***.	128,40 € <input type="checkbox"/>	91,00 € <input type="checkbox"/>
Hotel Acor Monteolivós ***.	111,30 € <input type="checkbox"/>	84,00 € <input type="checkbox"/>
Hotel Marian **.	143,20 € <input type="checkbox"/>	99,90 € <input type="checkbox"/>
Hotel Baco **.	115,00 € <input type="checkbox"/>	110,00 € <input type="checkbox"/>
Hotel Abril **.	80,00 € <input type="checkbox"/>	51,00 € <input type="checkbox"/>
Hall of Residence H. Colón	41,75 € <input type="checkbox"/>	31,00 € <input type="checkbox"/>
Youth Hostel Inturjovent	39,00 € <input type="checkbox"/>	28,00 € <input type="checkbox"/>

Date in: _____ Date out: _____ Number of nights: _____

Please choose a prefer option. We will do our best to please you.
PRICE PER NIGHT & ROOM. TAXES & BREAKFAST INCLUDED

Method of Payment. Reservations to 15-12-03 with 25% deposit

<input type="checkbox"/> Credit card
Visa <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/>
Name on card: _____
Number of credit card: _____
Expiry date: _____
Cardholder`s signature: _____ Date: _____
<input type="checkbox"/> Bank transfer to: Viajes Triana, S.A. Banco Popular Español. Nº Cta: 0075-1359-33-0600007923

E-mail: grupos@viajestrana.com

Please return this form to fax number: 00 34 95 434 43 19.