WHO BARCELONA COURSE ON HEALTH SYSTEMS STRENGTHENING FOR IMPROVED TB PREVENTION AND CARE



Barcelona 14th – 22nd October 2017

ACCOMMODATION BOOKING FORM

Please carefully read these reservation conditions before sending your reservation request:

SURNAME	I N	IAME		
COMPANY/UNIVERSITY		IVAIVIL		
MAILING ADDRESS				
EMAIL	10	PHONE		
		110112		
THE FOLLOWING ACCOMMODATION BOOKING IS				
wish to reserveroom/s in the following hotel:				
Please indicate number of rooms)				
HOTEL	Single	Double	SEND REQUEST TO:	
Hotel Amrey Sant Pau**	100€	120€	santpaureservas@grupoamrey.com	
http://www.hotelsantpau.com/			FAX: +34 93 433 41 51	
C/ Sant Antoni Maria Claret, 173			Phone 93 433 51 51	
Hotel Ayre Rosellón****	175€	181.50€	grupos3.barcelona@ayrehoteles.com	
http://www.ayrehoteles.com/hotel-rosellon/			FAX: +34 93 231 86 75 Phone +34 93 600 92 00	
C/ Rosselló, 390			1 Hone 134 33 000 32 00	
day/month have arranged to share with, or will be accompanied by SPECIAL REQUESTS: PLEASE NOTE Please send this form DIRECTLY to the chosen hote the reservations will be confirmed on a first-come first-squests are required to pay their bill to the hotel directly details on this form will be confirmed by the hotel.	el by Email of served basis	or Fax , subject to avo	nilability.	
HEREBY VALIDATE MY RESERVATION WITH	CARD (ind	icate type of cr	redit card)	
Credit Card Number:				
Expiry date: Name of Cardho	older:			
AUTHORISE MY CREDIT CARD TO BE DEBITED WITH A CANCELLATION OF MY RESERVATION IS MADE 48 HOURS				
Date:/ Signature: day/month/year				



SITUATION OF THE HOTELS:

- 1. Hotel St.Pau ** http://www.hotelsantpau.com/
- 2. Hotel Ayre Rosselló ****

 http://www.ayrehoteles.com/hotel-rosellon/



Course Venue: CASA CONVALESCÈNCIA

http://www.uab-casaconvalescencia.org/en/index.php?lg=en



