

EUROPEAN MODELING AND SIMULATION SYMPOSIUM



October 4-6, 2006
Barcelona, Spain



Casa Convalescència – UAB CAMPUS Barcelona

Please read carefully the Reservation conditions before sending the reservation request:

Family name:	Fist name:
University/Institution:	
Mailing Address:	
Country:	
Telephone:	Fax:
E-mail:	

I wish to reserve: (please tick the appropriate box)

Hotel	Single Room*	Double Room*	FAX Number / email
1. Hotel Amrey Sant Pau** C/St. Antoni Ma. Claret, 173	79,00€ <input type="checkbox"/>	98,00€ <input type="checkbox"/>	+34 93 433 41 51 santpaureservas@grupoamrey.com
2. Hotel Bel Art**** C/Lepant, 406	89,00€ <input type="checkbox"/>	103,00€ <input type="checkbox"/>	+34 93 433 43 69 reservas@hotelbelart.com
3. Hotel Abalon* Travessera de Gràcia, 380-384	65,00€ <input type="checkbox"/>	70,00€ <input type="checkbox"/>	+34 93 435 81 23 abalon@mediumhoteles.com
4. Hotel Medicis** C/Castillejos, 340	80,00€ <input type="checkbox"/>	95,00€ <input type="checkbox"/>	+34 93 455 34 81 medicis@mediumhoteles.com
5. Hotel Aristol*** C/Cartagena, 369	85,00€ <input type="checkbox"/>	105,00€ <input type="checkbox"/>	+34 93 433 51 01 aristol@mediumhoteles.com

Date of arrival: ___/___/2006
day / month

Date of departure: ___/___/2006
day / month

Number of nights: _____



Please send this registration form to the corresponding hotel as soon as possible by FAX or email. The reservation will be confirmed upon availability on a first-come first-served basis.

Participants should pay the bill directly to the hotel on departure. Hotel will only confirm those reservations with full Credit Card details.

Credit Card Number: _____

Name Cardholder: _____

Expiry date: ___/___/___
day / month / year

Date: ___/___/___
Day/month/year

Signature: _____