



**EGO MEETING & EUROPEAN
GLIDER SCHOOL
MALLORCA / SPAIN: 25.10 - 02.11/07**

HOTEL RESERVATION FORM

Recinto Pueblo Español, Oficina nº 5
07014 Palma de Mallorca - Baleares
C +34 - 971 - 22.10.04
E esperanza@diplomatic-services.com

HOW TO SEND THIS FORM TO US :

To be able to guarantee your accommodation at the Hotel, please send us this FORM BY FAX to: +34 971 73 85 12 before 25th. September 2007

Surname / Name: _____
 Institution / Company: _____
 Full Address: _____
 Postal Code: _____ Town / City: _____ Country: _____
 Fax: _____ Phone: _____ E-Mail: _____
 (Please write your e-mail address clearly)

Nº. of accompanying persons: * _____ Adults * _____
 Children * _____ In the case of children (Please indicate ages)

HOTEL DALI
 C/. Bartolomé Fons, 8
 07015 Palma de Mallorca - Calamayor - Baleares - SPAIN

Type of Room to be reserved: RATES PER ROOM & PER NIGHT (VAT incl.)

The following rates are on HALF BOARD basis: Buffet breakfast & dinner + drinks (mineral water & wine)

<u>Twin Room</u> (2 pers.) *	95,00 €	<u>Twin Room (Sharing)</u> (1 pers.) *	47,50 €	<u>Twin room for single use</u> (1 pers.) *	71,00 €
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N.B: These rates are applicable to additional nights that are subject to availability

Person to share with (please indicate SURNAME / NAME) :
 If the sharing person requires a separate invoice for his / her accommodation, please send us a separate FORM

Arrival Date: ____ / ____ / 2007 Dep. Date: ____ / ____ / 2007
 Arrival Flight Nr.: _____ Dep Flight Nr.: _____
 Arrival Time: _____ Dep. Time: _____ Total nights: _____

METHOD OF PAYMENT:

By CREDIT CARD * _____ * VISA * _____ * MASTERCARD

(Please note, we ONLY accept the credit cards mentioned above)
 Credit Card Nº : ____ / ____ / ____ / ____
 (Please make sure that there are 16 digits) Expire Date: ____ / ____

Card Holder Name: _____
 Authorised signature of Card Holder

PLEASE NOTE: Your credit card is only to guarantee your room, the full charge will be made as from 15th October 2007

INVOICE:

In order to issue your INVOICE correctly, when sending this FORM, please send us the following details by e-mail to : esperanza@diplomatic-services.com

a) I need an invoice in MY NAME (PERSONAL INVOICE)

- Surname & Name
- Home address
- Passport number

or

b) I need an INVOICE for MY COMPANY / ORGANIZATION, but stating my name, made out to :

- Organisation/ Company
- Full Address of the Company / Organization (including zip/code number)
- VAT number of the Company (Tax number)

NOTES:

- All cancellations must be in writing
- Cancellation fee will be applied to all cancellations received as from 15th. October 2007.