

## Hotel Booking Form



### SOY & HEALTH CONFERENCE 04--07 November 2009, Barcelona, Spain

Please use one form per delegate. **Please send fax this form back to the Hotel Rey Juan Carlos I : + 34 93 364 42 32** or to [reservas@hrjuancarlos.com](mailto:reservas@hrjuancarlos.com), before the **5<sup>th</sup> October 2009**

By sending this booking form, the Hotel cannot guarantee availability in case that all the allotment reserved for this event has been booked by other attendees. In that case reservations will be made on space availability basis.

#### **Delegate Information (please fill in)**

Name:	Country :
Company:	State-Province / Zip-Postal Code:
Address:	
email:	
Tel:	Fax:

I would like to make the following reservation at the special **SOY & HEALTH CONFERENCE** rate for the Hotel ReyJuan Carlos I:

Double room for single use: 160 € per night

Double room: 185 € per night

**Buffet Breakfast and VAT (7%) are included in the room rate**

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

#### **Hotel Cancellation Policy**

The reservation **can only be confirmed with a credit card number + expiry date**. All cancellations should be cancelled in writing.

- The indemnity will not be incurred if the cancellations are received 21 days prior to the date of arrival.
- Any cancellations received between 20 and 3 days prior to the date of arrival, will incur an indemnity equal to 1 night's accommodation, included, in this case, any taxes and/or expenses that they could have earned, and it will be imputed as cost of opportunity.
- Any cancellation received between 2 days prior to arrival date as well as no-shows or early departures will incur cancellation charges equal to the entire stay, included, in this case, any taxes and/or expenses that they could have earned, and it will be imputed as cost of opportunity.

#### **Payment**

Reservations can only be confirmed with a credit card number with valid expiry date

Visa  Mastercard  American Express  Diners Club

Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Hotel Use Only**

Confirmed By: \_\_\_\_\_

Confirmation Nr.: \_\_\_\_\_

Signature: \_\_\_\_\_

one of  
**The Leading Hotels of the World**

RESERVATIONS FAX: 34 93 364.42 32- TEL. 34 93 364 42 23 e-mail: [reservas@hrjuancarlos.com](mailto:reservas@hrjuancarlos.com)  
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