ABCN GROUP
27.05.2009
ACCOMMODATION FORM REF: NUMERO DE RESERVA

HOTEL HESPERIA TOWER
Gran Via 144
Bellvitge 08907
L'Hospitalet de Llobregat
Barcelona

Hesperia Tower
★ ★ ★ ★ ★
HOTEL & CONVENTION CENTER

Tel: + 34 93 413.50.20
Fax: + 34 93 413.50.10
e-mail: reservas@hesperia-tower.com

To ensure you receive the preferred group rate listed below, please return this form at least one month before the group arrival. After this date, rooms can be reserved at the prices below only on a space-availability basis.

Please reserve for me: (tick as appropriate)

☐ Deluxe Room single: 150€ tarifa

☐ Deluxe Double Room: 170€ tarifa

☐ Non-Smoking Room

Breakfast included

Arrival date: _____
(Check-in time is: 3:00PM)

Departure date: _____
(Check-out time is: 12:00PM)

Surname:	First Name:
Company:	VAT/Fiscal number:
Address:	Postcode:
Country:	Tel:
Fax:	e-mail address:

To guarantee the reservation, please submit your credit card details:

☐ VISA ☐ EUROCARD/MASTERCARD Expiration Date:

☐ AMERICAN EXPRESS Expiration Date:

☐ DINERS Expiration Date:

Name on the Credit Card

Signature of Cardholder _____

*Please note: Full stay will be charged in case of cancellation from **72 Hours previous to the group arrival** The full stay will be charged in case of NO SHOW. Charges will be made directly to your credit card.*