

CANONICAL 23rd to the 30th May 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

Please use one form per deleg reservas@hrjuancarlos.com	ate. Please send fax this form back to	the Hotel Rey Juan Carlos I : + 34 93 364 42 32 or to
By sending this booking form, t	he Hotel cannot guarantee availability. *	The rooms are subjected to availability
Name:	Country :	
Company:	State-Province /	/Zip-Postal Code:
Address:		
email:		
Tel:	Fax:	
Delegate Information (ple	ase fill in)	
		Il CANONICAL rate for the Hotel Rey Juan Carlos I: Double room: 200 €+ 7% VAT per night in the room rate
Arrival Date:		Departure Date:
 The indemnity will not Any cancellations reincluded, in this case Any cancellation rec 	ot be incurred if the cancellations are rece ceived between 20 and 3 days prior to the a, any taxes and/or expenses that they co eived between 2 days prior to arrival da	expiry date. All cancellations should be cancelled in writing. eived 21 days prior to the date of arrival. ne date of arrival, will incur an indemnity equal to 1 night's accommodation, ould have earned, and it will be imputed as cost of opportunity. ate as well as no-shows or early departures will incur cancellation charges large when they could have earned, and it will be imputed as cost of
Payment Reservations can only be confi	irmed with a credit card number with valio	d expiry date
☐ Visa ☐ Mastercard ☐	American Express Diners Club	
Credit Card:		_
Card Number:		Hotel Use Only
Expiration Date (MM/YY):		Confirmed By:
Cardholder Name:		Confirmation Nr.:
Signature of Card Holder:	Date [.]	Signature:

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