



DiplomaticServices®

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8th SELICUP Conference

MAJORCA, 24-26 Oct. 2018

HOTEL RESERVATION FORM

Please fill in the FORM below and send it scanned to :

esperanza@diplomatic-services.com before July 20th 2018 to guarantee your booking & the rates quoted below

You will then receive confirmation of your Hotel reservation by e-mail

Name and Surname: _____

Organization / Institution: _____

Address: _____

City: _____ State/Province: _____ Post code: _____ Country: _____

Phone: _____ Mobile: _____ E-mail: _____

(Please write clearly)

Sharing room with: _____
(Name and Surname)

Participant Non Participant = (Accompanying person)

If the sharing person requires a separate invoice for his/her accommodation, please send us a separate FORM

PORTBLUE - Hotel CLUB POLLENTIA RESORT
 Hotel address: Carretera de Alcudia - Pto. Pollensa, Km. 2
 07 400 ALCUDIA - (MALLORCA)
 Telephone Nr. + 34 971 54 62 00

All reservations will be confirmed in strict order of receipt of this FORM

Type of room to be reserved:	Twin room	Twin room for single use
Category MARIS (Standard room)	(2 pers.) <input type="checkbox"/>	(1 pers.) <input type="checkbox"/>
Category VILLAGE Classic (Superior)	(2 pers.) <input type="checkbox"/>	(1 pers.) <input type="checkbox"/>

SPECIAL rates per ROOM & NIGHT on ALL INCLUSIVE basis (VAT included)

	Categ. MARIS	Categ. VILLAGE Classic
> Twin room (occupied by 2 pers.)	170 €uros	188 €uros
> Twin room for single use (occupied by 1 pers.)	99 €uros	111 €uros

Arrival DATE <input type="text"/>	Depart. DATE <input type="text"/>	Total NIGHTS : <input type="text"/>
Arr. FLIGHT nr <input type="text"/>	Depart. FLIGHT nr. <input type="text"/>	
Arrival TIME <input type="text"/>	Depart. TIME <input type="text"/>	

PLEASE NOTE :
 If you wish to book extra nights, please contact us and we will quote the best hotel rate available.
 There is a Local tax (ECOTASA, €1.65 per person/ night at the time of writing) to be paid directly at the hotel upon arrival
 All EXTRAS (if applicable) are to be settled directly by each client with the Hotel on departure day.

PROFORMA - INVOICE	Category	Rate	Nights	
Twin Room, (2 persons) ALL INCLUSIVE basis				€
Half twin room (shared with another participant) ALL INCLUSIVE basis				€
Twin Room for single use (1 person) ALL INCLUSIVE basis				€
(*) TOTAL AMOUNT				€

Method of Payment:

1) By BANK TRANSFER:

Please **transfer** the amount due to the following bank account **by 1 October 2018 (charges shall be borne by the payer)**:

<p>Account holder: VIAJES DIPLOMATIC, S.L. BANK: LA CAIXA ADDRESS: calle Fray Junipero Serra 18 07014 Palma de Mallorca Account N°: 2100 - 0551 - 59 - 0200276723 IBAN: ES25 2100 0551 5902 0027 6723 SWIFT: CAIXES BB XXX</p>

If you choose to settle your Hotel-accommodation by bank transfer:

- a) Please indicate clearly the name(s) of the participant(s) whose accommodation is being paid for on the transfer form.
- b) Please make sure all transfer charges are borne by the payer. Diplomatic Services will otherwise request the client to pay any charges deducted from the amount transferred
- c) Please use the IBAN when transferring money from Europe
- d) Please e-mail a scan of the bank transfer receipt to:
esperanza@diplomatic-services.com

2) By CREDIT CARD:

VISA		or	MASTER CARD	
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(Please note, we **ONLY** accept the above-mentioned Credit Cards)

Card Number: _____ / _____ / _____ / _____ Expiry date: _____ / _____
(Please make sure that there are 16 digits) Month / Year

Card Holder Name: _____ Signature: _____

(*) The total amount will be debited to the Credit Card Account any date as from 6 October 2018

PLEASE NOTE:
All cancellations must be in writing & the best conditions will be negotiated with the Hotel
ONE NIGHT Hotel cancellation fee will be applied to all cancellations received after 17 October 2018
Cancellations on the same day of the arrival or NO SHOW : 100% of the total reservation will be charged

(Mandatory) = INVOICE (S)

When sending this FORM, please provide us with the following information details by e-mail :

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

- Surname & Name
- Home Address
- Passport numberor ID. card number

B) I need an INVOICE FOR MY ORGANIZATION / INSTITUTION (indicating my name/surname), made out to:

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

The invoice / s, together with your credit card charge (if applicable) will be provided by our staff at the venue

DATE : _____

SIGNATURE : _____