

3Rd ALAMA Courses on Totally Positive and Totally Negative Matrices

Castro Urdiales, 05 to 06 March 2015

Technical Secretary: Viajes El Corte Inglés S.A.

División Congresos, Convenciones e Incentivos

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REGISTRATION AND ACCOMODATION FORM

PLEASE SEND THIS FORM by mail or fax to the Technical Secretary (together with the copy of the payment receipt in case of bank transfer)

PERSONAL DATA: (Fill in one form per person. Please, use capital letters)

NAME: _____
Last First Mi

INSTITUTION /AFFILIATION: _____

TITLE Prof. Dr. Mr. Ms.

ADDRESS: _____
Street Address

City State Zip Code Country

TELEPHONE: (_____) FAX: _____
Please include area, city, and country codes Please include area, city, and country codes

E-MAIL: _____
Required for confirmation purposes

DEADLINES

PAYMENT DEADLINE (REDUCED FEE, 165 EUROS) 15 February 2015

PAYMENT DEADLINE (COMPLETE FEE, 198 EUROS) 27 February 2015

ACCOMODATION

	DOUBLE ROOM	SINGLE ROOM
HOTEL LAS ROCAS	85,80 Euros	73,70 Euros
HOSTAL VISTA ALEGRE	64,00 Euros	49,00 Euros
HOTEL ARENILLAS (Islares)	56,50 Euros	38,50 Euros

*Prices are per room/day including breakfast (V.A.T. included). Hotel Arenillas NEED transfer

HOTEL RESERVATION:

TYPE OF ROOM: _____ DATE OF ARRIVAL: _____ DATE OF DEPARTURE: _____
NUMBER OR NIGHTS: _____ NUMBER OF ROOMS: _____ **TOTAL AMOUNT RESERVATION:** _____

**In case you chose a double room, please suggest your preferred roommate (otherwise, the Conference will select a roommate for you)*

NAME OF PREFERRED ROOMMATE : _____
Last First Mi

LIQUIDATION:

TOTAL REGISTRATION = _____ Euros + TOTAL HOTEL = _____ Euros **TOTAL AMOUNT TO PAY = _____ Euros**

PAYMENT:

NATIONAL BANK TRANSFER TO VIAJES EL CORTE INGLÉS, S.A.

Banco Santander Central Hispano. Plaza Canalejas 1 - 28014 Madrid
IBAN code: ES37 C/C : 0049 1500 03 2810355229

INTERNATIONAL BANK TRANSFER TO VIAJES EL CORTE INGLÉS, S.A.

BBVA Banco Bilbao Vizcaya c/ Alcalá 16 - 28014 Madrid
IBAN code: ES97 C/C : 0182 3999 37 0200664662 SWIFT code: BBVA ESMMXXX

CREDIT CARD: El Corte Inglés Visa Mastercard Diners Club

HOLDER : _____ **CARD NUMBER:** _____

EXPIRATION DATE: _____ **C.V.C :** _____ **SIGNATURE:** _____

I authorize to El Corte Inglés to charge in my card the total amount detailed in this form.

BILL: (To be filled in case a bill is required)

INSTITUTION /AFFILIATION: _____

NIF/CIF or N° PASSPORT: _____

ADDRESS: _____

Street Address

City

State

Zip Code

Country

E-MAIL: _____

CONFERENCE QUESTIONS:

Do you require a vegetarian meal? Yes No

Do you have any special needs that will need accommodation? _____

GENERAL CONDITIONS:

- 1) Transfer and currency exchange charges will be paid by the applicant.
- 2) Registration and accommodation form sent by fax will not be admitted unless accompanied by a copy of the bank transfer receipt.
- 3) Reimbursements will be effective once the meeting is over.
- 4) By signing and submitting this registration form, the applicant accepts these general conditions.

ONCE YOUR REGISTRATION AND ACCOMODATION FORM HAS BEEN PROCESSED, YOU WILL RECEIVE CONFIRMATION BY E- MAIL