



## EyeforPharma's Sales Force Effectiveness Europe Accommodation Booking Form

CREDIT CARD AUTHORISATION FORM

MR./MRS./MS./DR.

FAMILY NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

Wants to guarantee the following reservations and authorises the Hotel to charge the given credit card in case of late cancellations according to the conditions of this reservation.

CLIENT NAME \_\_\_\_\_

- DOUBLE ROOM
- TWIN-BEDDED ROOM
- DOUBLE SINGLE USE

DATE OF ARRIVAL \_\_\_\_\_

DATE OF DEPARTURE \_\_\_\_\_

Please complete and return this form as soon as possible by mail or fax.

Please fill in your credit card information below:

- Mastercard/Eurocard
- Visa

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRES DATE \_\_\_\_\_

CARD HOLDER NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### GENERAL BOOKING TERMS AND CONDITIONS

No-shows or cancellations 1 month prior to arrival will be charged the first night.  
No-shows or cancellations 7 days prior to arrival will be charged the whole stay.

PLEASE RETURN THIS FORM BY E-MAIL OR FAX TO:

Hotel SPA Senator Hotel

Cardenal Reig, 11bis

08028 Barcelona, SPAIN

Tel. 34.93.260 99 08

Fax. 34.93.449 30 30

E-MAIL: [congresos.bcn@playasenator.com](mailto:congresos.bcn@playasenator.com)