EUCMOS 2018

**«««« »»»»**

### COIMBRA – PORTUGAL – August 19-24th, 2018

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| ACCOMMODATION FORM |

**Accommodation prices**: All prices indicated are in **Euros**, **per room** **per night**, including breakfast. Deadline for guaranteed room: June **18th, 2018.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HOTEL | CATEGORY | SINGLE ROOM | DOUBLE ROOM | Room Type**S / D** | Priority Choice **1 2 3** |
| **VILA GALÉ** |  | **98.00 €** | **105.00 €** |  |  \_\_ \_\_ \_\_ |
| **TIVOLI** |  | **65.00 €** | **75.00 €** |  |  \_\_ \_\_ \_\_ |
| **ASTÓRIA** |  | **75.00 €** | **79.00 €** |  |  |
| **D. INÊS \*** |  | **75.00 €** | **85.00 €** |  |  \_\_ \_\_ \_\_ |
| **BOTÂNICO** | ★★ | **50,00 €** | **60,00 €** |  |  \_\_ \_\_ \_\_ |
| **UNIV. RESIDENCES** |  | **30.00 €** | **40.00 €** |  |  \_\_ \_\_ \_\_ |

The organization will not allocate people to double rooms. So, if you are sharing a room, please indicate here the name (surname, initials) of the person you will be sharing the room with.

 **Date of arrival Date of departure Number of nights**

 **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Located in front of the Vila Galé Hotel

**METHOD OF PAYMENT**

Bank transfer (**free of charges to the receiver**). Please refer the name of event above.

 **IBAN**: PT50 0033 0000 2938 0003 00241 - **Account ID** - 0033 0000 2938 0003 00241

 **Swift Code**: BCOMPTPL - **Bank**: Millennium – **Adress**: Av. Emidio Navarro, 17 – P-3000-150 Coimbra

By credit card:

 VISA  MASTERCARD  EUROCARD 

Please charge my credit card to the **total** amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Euros***

Card number 

CVD Code \* \_\_\_/ \_\_\_/ \_\_\_ expiry date \_\_\_\_\_\_/\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\* (3 last numbers at the back of your card)**

**PLEASE FILL BELOW, INDEPENDENTLY OF YOUR METHOD OF PAYMENT**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE SEND TO:**