

Inscription will be open until 3th november 2008

Please send it by fax (+34 93.166.90.99) or by e-mail (agoragrups@cett.es)

WINTER SCHOOL 2009

**Return directly to:
Before 3/11/2008**

àgoraBCN
 Passeig dels Castanyers, 21
 ES-08035 Barcelona, Spain
 Phone: +34 93.166.90.00
Fax: +34 93.166.90.99
E-mail: agoragrups@cett.es

PLEASE NOTE

Bedrooms are subject to availability.

Name: _____

School: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Please fill in below according to your wishes:

Accommodation during course days (23/2-7/3)

Bed & Breakfast "Superior"

Single room+buffet breakfast: EUR 598 package 13 nights - Extra night EUR 50 ()
 Twin room+buffet breakfast: EUR 442 package 13 nights per pax - Extra night EUR 35 ()

* Please write down your preferences for room sharing (name): _____
(note that this person will have to fill in the booking form as well)

Bed & Breakfast "Standard"

Single room + buffet breakfast: EUR 452.14 package 13 nights - Extra night EUR 40 ()
 Twin room + buffet breakfast: EUR 299 package 13 nights per pax - Extra night EUR 26.75 ()

* Please write down your preferences for room sharing (name): _____
(note that this person will have to fill in the booking form as well)

Accommodation Extra Nights

Bed & Breakfast "Superior"

Single room + buffet breakfast: EUR 50 / night/person () * please indicate the days needed
 Twin room + buffet breakfast: EUR 35 / night/person () * please indicate the days needed

* Please write down your preferences for room sharing (name): _____
(note that this person will have to fill in the booking form as well)

Bed & Breakfast "Standard"

Single room + buffet breakfast: EUR 40 / night/person () * please indicate the days needed
 Twin room + buffet breakfast: EUR 26.75 / night/person () * please indicate the days needed

* Please write down your preferences for room sharing (name): _____
(note that this person will have to fill in the booking form as well)

Companion' special rates: 25 € per person and per night sharing room. Please fill in the following:

Name: _____ **Days needed (From ... to...):** _____

EUR = Euro (7% VAT included)

PLEASE CONTINUE ON NEXT PAGE!

Arrival date: _____ Arrival time approx: _____

Departure date: _____

Booking is herewith confirmed by the following credit card:

VISA [] MasterCard [] Eurocard [] Diners Club [] AMEX []

Other: _____

Card No: _____ Expiry date: _____
(we will charge the 20 % of the total amount)

Or, if you prefer you can make a bank transfer corresponding to the 20% total amount (before December the 15th):

Name of account of beneficiary: FUNDACIÓ GASPAR ESPUÑA-CETT

Beneficiary's address: PASSEIG DELS CASTANYERS, 21 08035 BARCELONA

IBAN: ES48

SWIFT Code: CECA ES MM59

Bank account: 2059 06284 8000035663

Bank name: CAIXA SABADELL

Beneficiary's bank address: PLAÇA JOAN CORNUDELLA 2-3 08035 BARCELONA

Cancellation Policy: Only allowed written cancellations (and reconfirmed in return).

Within 21 days in advance : 50 % expenses

Within 7 days in advance : 100 % expenses

The customer has read and accepts the conditions mentioned above.

Date: _____

Signature: _____

Please note! Bedrooms are subject to availability.

The above booking is confirmed:

Date: _____ Signature: _____
agora BCN