



Recinto Pueblo Español, Oficina nº 5
07014 Palma de Mallorca - Baleares
(+34 - 971 - 22.10.04

**International Workshop on Correlations
in quantum systems: quantum dots, quantum gases and nuclei
Palma de Mallorca, 26th to 30th September 2005**

HOTEL RESERVATION FORM

Surname / Name: _____
Institution / Company: _____
Full Address: _____
Postal Code: _____ **Town/City:** _____ **Country:** _____
Fax: _____ **Tel.:** _____ **E-mail:** _____

Accompanying person: _____
 (Name & Surname) If the accompanying person is a PARTICIPANT please fax a separate Form

Hotel DELTA * * * * in Cabo Blanco - Mallorca

**Special FIVE NIGHT Rate, on FULL BOARD BASIS that includes DRINKS during meals (wine & mineral water)
From Sunday 25th to Friday 30th/Sept./05 = 6 days / 5 nights**
PLEASE NOTE: The **FIRST MEAL** at the Hotel would be **DINNER** on the 25th/September 2005
 & the **LAST MEAL** at the Hotel would be **LUNCH** on 30th/September 2005

• TWIN ROOM (2 Beds) occupied by 2 people	687,50 €/total PER ROOM
• TWIN ROOM FOR SINGLE USE (1 Person)	447,00 €/total PER ROOM

For PRE or POST WORKSHOP accommodation, please apply the following **FULL BOARD RATES (DRINKS included)**

	SEPTEMBER	OCTOBER
• TWIN ROOM (2 BEDS) occupied by 2 people	138,00 € room / night	127,50 € room / night
• TWIN ROOM FOR SINGLE USE (1 Person)	90,00 € room / night	85,00 € room / night

* **Room to reserve:**

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Twin Room (2 pers.) ✕ </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Twin room for single use (1 pers.) ✕ </div>
Arrival Date: / /2005	Dep. Date: / /2005
Arrival Flight: _____	Dep Flight: _____
Arrival Time: _____	Dep. Time: _____ Total nights: <input style="width: 50px;" type="text"/>

* **Means of Payment:** ✕ **VISA** ✕ **MASTERCARD**

(Please note, we ONLY accept the credit cards mentioned above)

Credit Card N° _____ / _____ / _____ / _____ **Expire Date:** _____ / _____

Please make sure that there are 16 digits

* **How to send this form to us:**
 To be able to guarantee your accommodation at the Hotel, please send us this form by fax to: **+34-971-738512**
No later than 1st. June 2005
Once we receive this form we shall confirm your accommodation either by fax or e-mail.

Date: _____ Credit Card Holders Signature: _____

* **VERY IMPORTANT:**

- One night cancellation fee will be charged for all cancellations received as from 12th/Sept./ 2005.
- Should you require an invoice, please send us the information we request below :
- Organisation or Person to whom this is to be made out to : _____
- Fiscal Address: _____
- VAT N°: _____

(The invoice, together with your credit card charge will be given to you in hand during the Workshop)

FLIGHT TICKET INFORMATION

For your flight tickets, we feel that for both better rates and to suit your personal timings, you would prefer to book your flights through INTERNET.



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