



DiplomaticServices®

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07014 Palma de Mallorca - Baleares
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E-mail: esperanza@diplomatic-services.com

18th AEDEI Conference
MALLORCA, 29-31 May 2019

HOTEL RESERVATION FORM

Please fill in the FORM below and send it scanned to:
esperanza@diplomatic-services.com before 28th February 2019 to guarantee your booking and rates quoted below

You will then receive confirmation of your Hotel reservation by e-mail

Name and Surname: _____
 Organization / Institution: _____
 Address: _____
 City: _____ State/Province: _____ Postcode: _____ Country: _____
 Phone: _____ Mobile: _____ E-mail: _____
 (Please write clearly)

Sharing room with: _____
 (Name and Surname)
 Participant Non Participant = (Accompanying person)
 If the sharing person requires a separate invoice for his/her accommodation, please send us a separate FORM

PORTBLUE - Hotel CLUB POLLENTIA RESORT
 Hotel address: Carretera de Alcudia - Pto. Pollensa, Km. 2
 07 400 ALCUDIA - (MALLORCA)
 Telephone Nr. + 34 971 54 62 00

All reservations will be confirmed in strict order of receipt of this FORM

Type of room to be reserved:

	Twin room		Twin room for single use
Category MARIS (Standard room)	(2 pers.) <input type="checkbox"/>		(1 pers.) <input type="checkbox"/>
Category VILLAGE Classic (Superior)	(2 pers.) <input type="checkbox"/>		(1 pers.) <input type="checkbox"/>
Category VILLAGE PLUS (Superior plus)	(2 pers.) <input type="checkbox"/>		(1 pers.) <input type="checkbox"/>

SPECIAL RATES per ROOM & NIGHT on an ALL INCLUSIVE basis (VAT included)

ROOM CATEGORIES	TYPE OF ROOM TO BE BOOKED:	Twin room	Twin room single use
		2 pers. / night	1 pers. / night
Category MARIS (Standard)		167,00 €	99,50 €
Category VILLAGE Classic (Superior)		184,00 €	114,50 €
Category VILLAGE PLUS (Superior plus)		200,00 €	126,00 €

Arrival DATE	<input type="text"/>	Depart. DATE	<input type="text"/>	Total NIGHTS
Arr. FLIGHT nr	<input type="text"/>	Depart. FLIGHT nr.	<input type="text"/>	
Arrival TIME	<input type="text"/>	Depart. TIME	<input type="text"/>	

PLEASE NOTE :
 If you wish to book extra nights, please contact us and we will quote the best hotel rate available.
 There is a Local tax (ECOTASA, €3,3 per person/ night at the time of writing) to be paid directly at the hotel upon arrival
 All EXTRAS (if applicable) are to be settled directly by each client with the Hotel on departure day.

PROFORMA - INVOICE	ALL INCLUSIVE BASIS	Room category	Rate per room / night	Nº Nights	TOTAL
Twin Room	(2 pers)				€
Half twin room (shared with another participant)					€
Twin Room for single use	(1 pers)				€
(*) TOTAL					€

Method of Payment:

1) BY BANK TRANSFER:

Transfer the amount due to the following bank account **by 28th February 2019 (charges shall be borne by the payer):**

Account holder: VIAJES DIPLOMATIC, S.L.
BANK: LA CAIXA
ADDRESS: calle Fray Junipero Serra 18
07014 Palma de Mallorca
Account N°: 2100 - 0551 - 59 - 0200276723
IBAN: ES25 2100 0551 5902 0027 6723
SWIFT: CAIXES BB XXX

If you choose to settle your Hotel-accommodation by bank transfer:

- a) Please indicate clearly the name(s) of the participant(s) whose accommodation is being paid for on the transfer form.
- b) Please make sure all transfer charges are borne by the payer. Diplomatic Services will otherwise request the client to pay any charges deducted from the amount transferred
- c) Please use the IBAN when transferring money from Europe
- d) Please e-mail a scan of the bank transfer receipt to:
esperanza@diplomatic-services.com

2) By CREDIT CARD:

VISA

or

MASTER CARD

(Please note, we ONLY accept the above-mentioned Credit Cards)

Card Number: _____ / _____ / _____ / _____
(Please make sure that there are 16 digits)

Expiry date: _____ / _____
Month / Year

Card Holder Name:

Signature:

(* The total amount will be debited to the Credit Card Account any date as from 17 May 2019

PLEASE NOTE:

All cancellations must be in writing & the best conditions will be negotiated with the Hotel
ONE NIGHT Hotel cancellation fee will be applied to all cancellations received after 21 May 2019
Cancellations on the same day of the arrival or NO SHOW : 100% of the total reservation will be charged

(Mandatory) = INVOICE (S)

When sending this FORM, please provide us with the following information details **(OPTION A OR OPTION B)** by e-mail :
esperanza@diplomatic-services.com

A) I need an invoice in MY NAME (PERSONAL INVOICE)

- Surname & Name
- Home Address
- Passport numberor ID. card number

B) I need an INVOICE FOR MY ORGANIZATION / INSTITUTION (indicating my name/surname), made out to:

Full Address of the Company / Organization (including zip / code number)
VAT number of the Company (Tax number)

The invoice/s, together with your credit card charge (if applicable) will be provided by our staff at the venue

DATE : _____

SIGNATURE : _____