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## **CDVE 2019**

**The 16th International Conference** 

on Cooperative Design, Visualization & Engineering
6-9 October 2019
MALLORCA

## **HOTEL RESERVATION FORM**

Please fill in the FORM below and send it scanned to: esperanza@diplomatic-services.com, with copy to								
reg2019@cdve.org, before July 1st, 2019 to guarantee your booking & the rates quoted below								
You will then receive confirmation of your Hotel reservation by e-mail								
Name and Surname:								
Organization / Institution:								
Address:								
City:	State/Province:		Postal code:	С	ountry:			
Phone :	Mobile :	E	-mail:		•			
	(Please write clearly)							
Sharing room with:								
(Name and Surname)	David a in and	Non Postio						
If the sharing person requi	Participant		ipant = (Accon		•	м		
ii tile silarilig person requi	iles a separate involce to	i ilis/ilei accoilii	iodation, pieas	se seliu us d	separate FON	IVI		
	Hotel CLI	UB POLLENTIA	RESORT					
	Hotel address: Carretera de Alcudia - Pto. Pollensa, Km. 2							
		LCUDIA - (MALL	,					
	reiepnone	Nr. + 34 971 54	62 00					
All reservations will be confirmed in strict order of receipt of this FORM								
Type of room to be reserve	ed:							
Category MARIS (standard	d room)	Twin room		Twin room	for single use			
Category VILLAGE (super	ior room)	(2 pers.)		(1 pers.)				
Rates per NIGHT & ROOM categories MARIS or VILLAGE Classic, VAT included - Basis = ALL INCLUDED								
•	•							
			Category M		Categ VILLAC			
> Twin room (occupied by > Twin room for single use	• •		150,00 Euro		170,00 Euro			
> I will room for single use	e (occupied by I pers.)		95,00 Euros 105,00 Euros					
Arrival DATE		Depart. DATE			Total NIGHTS :			
Arr. FLIGHT		Depart. FLIGHT		'				
Arrival TIME		Depart. TIME						
PLEASE NOTE :	 1							
	you should nay at the H	otel Recention w	hen vou check	in it is 3.30	n € ner nerson 8	₹ niaht		
There is a LOCAL ECOTAX, you should pay at the Hotel Reception when you check-in, it is 3,30 € per person & night  If you come with your children please inform of their age and we will quote the suggested type of room you would need								
For additional nights Pre - Post Conference, same rates as above will be applied (depending on availability).								
The EXTRAS are to be settle directly by you with the Hotel on departure day								
PROFORMA - INVOICE (according to the category of room reserved - See above)								
Twin Room, on ALL INCLUSIVE basis (PARTICIPANT rate), category € nights =						€		
Twin Room for single use, on ALL INCLUSIVE basis, category  € nights =						€		
MPORTANT: All reservations made through (DIPLOMATIC SERVICES) will be granted by the CDVE 2019 Organization								
with a discount of 25 Euros per person & night, to be applied ONLY to the participants whom have been registered and during the three nights of the conference : 6th/ 7th + 7th to 8th + 8th to 9th October 2019								
DEDUCTION to be applied		- 1 ai to oui + oui	to atti October	2013	<u> </u>			
maximum 3 nights if you stay during the whole Conference) 25 Euros x nights =								
Total amount to be settled prior to your arrival (*)								

			Page 2					
Method of Payment:	]		1 ugo 2					
1) By CREDIT CARD:	VISA	MASTER CARD	]					
(Please note, we ONLY accept the above mentioned Credit Cards)								
Card Numbe	r://		Expire date:/					
	(Please make sure that there	are 16 digits)	Month / Year					
Card Holder Name: Signature:								
(*) The total amount will be charged to the Credit Card, any date as from 21st September 2019								
2) By BANK TRANSFER: Should you wish the payment to be made by Bank Transfer, you can do it by sending it FREE OF CHARGES TO US, before 1st September 2019, to:								
	LA CAIXA  Calle Fray Junipero Sera, 18  07014 Palma de Mallorca  Account №: 2100 - 0551 - 59 - 0200276723  IBAN: ES25 2100 0551 5902 0027 6723  SWIFT: CAIXES BB XXX  VIAJES DIPLOMATIC, S.L.							
If you choose to settle your Hotel-accommodation by bank transfer:  a) Please indicate clearly on the transfer the name(s) of the participant(s) that are being paid for.  b) Make sure we will receive the total amount, free of any bank charges for Diplomatic Services, otherwise you will have to pay Diplomatic Services for any bank charges discounted from the bank transfer sent.  c) You should use IBAN number if you are in Europe  d) Please send copy of the bank transfer to DIPLOMATIC SERVICES, scanned by e-mail to:  esperanza@diplomatic-services.com								
PLEASE NOTE: All cancellations must be in writting & the best conditions will be negotiated with the Hotel ONE NIGHT Hotel cancellation fee will be applied to all cancellations received as from 27th September 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 by e-mail:  a) I need an invoice in MY NAME (PERSONAL INVOICE)								
- Surname & Name - Home Address - Passport nr or b) I need an INVOICE FOR I	or ID. card numb							
- 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 applies) will be given to you in hand at the Conference Venue								
DATE :		SIGNATURE :						