ACCOMMODATION FORM

CERI 2018
THE 5TH SPANISH CONFERENCE ON INFORMATION RETRIEVAL.

Universidad de Zaragoza – Zaragoza, 25th – 27th June 2018

GUEST INFORMATION

Last Name:........................................................................................................................................ Name:........................................................................................................

Passport or Identity Card:............................. Address:.................................................................................................................................

Postal Code:............... City:...........................................................State/Province:..............................................................

Phone:..................................................Email:...........................................................................................................................

Please, detail the data for the INVOICE (Company or Organization/Address/VAT Number) if are different that the personal data detailed above.

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SELECTED HOTELS

<table>
<thead>
<tr>
<th>Hotel World Trace Center (WTC Zaragoza)</th>
<th>Double Room For Single Use</th>
<th>Double Room</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.exehotels.com/exe-zaragoza-wtc.html">http://www.exehotels.com/exe-zaragoza-wtc.html</a></td>
<td>65,97 €</td>
<td>92,02 €</td>
</tr>
</tbody>
</table>

*Rate for a room per night with Breakfast. VAT included.

*Limited room quota

Arrival Date: ......../....... Departure Date: ......../....... Number of nights: ........... Number of rooms: ............
Requested Hotel: _____________________ Type of room: ______________ Number of guests: ______

Total amount of reservation: ___________________________ EUR

**PAYMENT**

☐ Credit Card

I authorize to charge the amount indicated above, “TOTAL AMOUNT” on my credit card VISA/MASTERCARD/4B

Credit Card Holder: ____________________________

Nº of the card: ____________________________

Date of Expiry: ____________________________

(Date and place)………………………………………………. Signature:

Please, send this Reservation duly completed and signed, to the e-mail unizar@halconviajes.com quoted the name of the congress participant. Once we received the e-mail, the Reservation and payment deadline will be confirmed.