



20 – 22 Junio 2007

Kindly fill in this form with capital letters and send it to the following address:
Technical Secretariat. C/ Princesa, 47 – 6º, 28008 Madrid. Fax: 91 559 44 43
E-mail: gruposectorpublico@viajeseci.es Contacts: Patricia González / Teresa Villarejo

Personal details:

Name _____ First Name _____
Mailing Address _____ Postal Code _____ City _____
E-mail _____ Telephone _____ Fax _____
Arrival Date _____ Departure Date _____

A. REGISTRATION. Please, mark the chosen option:

Before June 6th:

Members 180,00 €
No Members* 225,00 €
Predoctorals* 100,00 €

From June 7th:

Members 200,00 €
No Members * 250,00 €
Predoctorals* 125,00 €

* The registration will entail the free inscription to the AEEFI for a year.

B. AVAILABLE ACCOMMODATION. Please, mark the chosen option and we will do the booking reservation:

GRAN HOTEL CONDE DUQUE 4*



Individual room 146,95 €
Double room 164,15 €

NH ALBERTO AGUILERA 3*



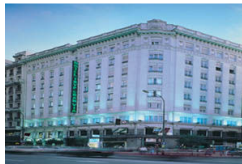
Individual room 154,70 €
Double room 165,65 €

NH ARGÜELLES 3*



Individual 139,35 €
Double 147,00 €

TRYP GRAN VÍA 3*



Individual 116,30 €
Double 128,35 €

T3 TIROL 3*



Individual 115,80 €
Double 115,80 €

Price per day and single room or double room for two person. Breakfast and taxes (7%) included.

Check in date _____ Check out date _____ Nº of nights: _____
Nº persons _____ Nº rooms _____

SUBTOTAL B _____ €

C. TRAVEL INSURANCE. POLIZA Nº 0762000607. Please, mark if you wish to use this service:

I wish to buy travel insurance in the trip :

YES NO Nº assured persons _____

SUBTOTAL C _____ €

Price Travel Insurance* 7,50 € (*) Price per person and assured

D. COMPLEMENTARY ACTIVITIES. Please, mark if you wish to use these services (FREE):

- Dinner, June 20th (Wednesday)
- Visit to the Alatriste's Madrid and Dinner, June, 21st (Thursday)
- Lunch, June 22nd (Friday)

Please, if you need some vegetarian or special food, let us know _____

F. AMOUNT TO PAY:

Subtotal A (registration)..... _____ €
 Subtotal B (accommodation)..... _____ €
 Subtotal C (travel insurance) _____ €

AMOUNT TO PAY _____ €

Method of payment:

• **Credit Card:**

VISA MASTERCARD AMERICAN EXPRESS DINERS CLUB

- First name / Last name
- Credit card number
- Expiration date
- Amount to pay

• **Bank Transfer:**

Bank transfer from Spain
 BANCO SANTANDER CENTRAL HISPANO .
 N° CUENTA : 0049 1500 03 2810355229

Bank transfer from outside Spain
 BBVA .- C/ALCALÁ, 16 28014 MADRID (SPAIN)
 N° CUENTA: ES9701823999370200664662
 CODIGO: BBVAESMMXXX

**** Last date to send us this form: June, 1st 2007. After this date the rooms will not be guaranteed.**

Important Note: Please send the registration form and find enclosed a copy of the bank transfer, by fax to the number 91 559 44 43 , by post or by mail

We regret that no refunds can be made for cancellations received after June, 1st, 2007. *After this date any cancellation will incur the price of a nights 's accommodation at the hotel.*