

Please send this form to:

PERSONAL DETAILS

FIRST NAME:	FAMILY NAME:		
DO I NEED AN INVOICE?: <input type="checkbox"/> YES <input type="checkbox"/> NO	The invoice will be sent by email only.		
In case you need the invoice addressed to you, we need your NIF/PASSPORT / VAT N°:			
ADDRESS:			
CITY & COUNTRY:		ZIP CODE:	
PHONE NUMBER:	FAX N°:		
E-MAIL:			

ACCOMMODATION

PRICES x ROOM x NIGHT 10% VAT INCLUDED

HOTELS	SINGLE B&B	DOUBLE B&B
IBIS MÁLAGA CENTRO CIUDAD 2**	62,00 €	68,00 €
DON CURRO HOTEL 3***	75,00 €	75,00 €
TRYP ALAMEDA HOTEL 4****	90,00 €	95,00 €
SILKEN PUERTA MÁLAGA 4****	90,00 €	100,00 €
MONTE MÁLAGA HOTEL 4****	97,00 €	109,00 €

YOUR RESERVATION DETAILS

ACCOMMODATION SELECTED <small>To be confirmed according to availability</small>	1 st HOTEL	2 nd HOTEL	3 rd HOTEL
ROOM TYPE:	NUMBER OF ROOMS	BREAKFAST: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARRIVAL DATE:	DEPARTURE DATE:	TOTAL NIGHTS:	

METHODS OF PAYMENT

1.- CREDIT CARD : AMERICAN EXPRESS <input type="checkbox"/>	VISA <input type="checkbox"/>	MASTER CARD <input type="checkbox"/>	OTHERS <input type="checkbox"/>
HOLDER'S NAME:			
CARD NUMBER:			
EXPIRY DATE:	REVERSE SECURITY CODE (CVV):		

I authorize Viajes El Corte Inglés to charge my
Credit card the services mentioned in this form.

CARD HOLDER'S
SIGNATURE:

2.- **BANK TRANSFER**: Please, do not forget to mention MODULARITY 2016
(It is compulsory to send a copy of it either by email or fax nº 0034 95 4225949)

BANK ACCOUNT: ES97 0182 3999 3702 0066 4662
HOLDER: VIAJES EL CORTE INGLÉS S.A.
BANK ADDRESS: C/ ALCALÁ, 16. 28014 – MADRID – SPAIN

SWIFT CODE: BBVAESMMXXX
BANK: BBVA-OFICINA CORPORATIVA