**ACCOMMODATION**

**A) Hotels: they must be reserved through the following agency completing the form given below in this document:**

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| --- | --- |
| **BCD Travel (Viajes Barceló)**  Alda. Mazarredo 16, esc. Ext. Entreplanta. Oficinas 5, 7 y 9  48009 BILBAO | Tel. +34 94 425 70 55  upv-ehu@bcdtravel.es |

### **NOTE:** Being July the high season in Bilbao, the above prices only will be guaranteed before the 19th of June. After that date, prices will be subject to availability when the booking is made.

**B) There is also the option of choosing a student residence:**

|  |  |  |
| --- | --- | --- |
| Residencia Universitaria  BLAS DE OTERO  C/ Cortes 38  48003 BILBAO  www.resa.es/Residencias/Blas-de-Otero | A | **41,00 €**  Single room |
| B | **49,50 €**  Double room |
| \* Breakfast included. Room cleaning except for holidays. Each room is provided with a kitchen. | | |

For the student residence, the code that should be used for the registration process is: **UPVPARSINGTECH**. It must be written when making the reservation at [www.resainn.com](http://www.resainn.com/), so that the special price will be applied.

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| **HOTEL APPLICATION FORM**  **INTERNATIONAL CONFERENCE ON PARSING TECHNOLOGIES IWPT 2015** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Hotel** |  | **Single Room** | **Double Room for single occupancy** |

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| BARCELO BILBAO NERVION \*\*\*\*  (Paseo Campo Volantin 11, 48007 Bilbao) | 65,00 € | 72,00 € |

The prices listed are per room, per night, in EURO (EUR). They include breakfast, service and 10% VAT. Please indicate your preference for the allocations offered.

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| --- |
| Arrival date: Departure date: |
| Type of room:  Single Room  Double Room for single occupancy |
| Special Requests: |
| **Number of nights x (rate room)= €** |

### NOTE: **Being July the high season in Bilbao, the above prices only will be guaranteed before the 19th of June. After that date, prices will be subject to availability when the booking is made.**

|  |
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| **CONTACT DETAILS** |

|  |
| --- |
| Family Name: |
| First Name: |
| Passport Number: |
| Adress: |
| Postal Code: City: |
| Country: |
| Telephone number: |
| **CONTACT DETAILS** |

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| **PAYMENT OPTIONS** |

Upon receipt of payment a confirmation will be sent to participants..

**PAID by credit card** (Please tick the appropriate)

**Master Card/Euro Card Visa American Express Diners Club**

|  |  |
| --- | --- |
| Card Number: Exp. Date: / | |
|  | |
| OWNER’S NAME AS SHOWN ON THE CARD: |  |

By signing this form I hereby declare having read and agreed with the terms and conditions.

|  |  |
| --- | --- |
| Date: / / | Signature: |