



International Seminar on Applied Geometry in Andalusia, Granada 2006

Registration Filling Form

Personal Data

Prof. Dr. Mr. Mrs. Ms. Male Female

Given Name _____

Surname _____

Address _____

City _____ ZipCode _____

Country _____ Affiliation _____

Email _____

Fax _____ Phone _____

Fee 200 €.

Social Events

<i>Events</i>	<i>Number of people</i>
Guided Mathematical visit to Alhambra with bus and ticket (30€)	
Andalusian Dinner with flamenco show (50€)	
Farewell Dinner (only extra tickets for accompanying people, 50€)	

Method of payment

Total amount to pay _____ (This filling-form is not valid without this data)

Transfer to the following bank account

Travel Agency *Eurocongres Viajes*
Bank of Andalusia
C.C.C.: 0004 3497 110601372182
IBAN: ES34 0004 3497 110601372182
BIC/SWIFT: BANDESSS

Credit Card: Type _____ Exp.Date _____
Number _____

Please, send this filling form to the following address:

EUROCONGRES
Avda. de la Constitucion, nº 18 -bq.4
18012 Granada (Spain)
Phone: (+34) 958 208 650 and (+34) 958 209 420
FAX: (+34) 958 209 400



International Seminar on Applied Geometry in Andalusia, Granada 2006

Accommodation

Personal Data

Prof. Dr. Mr. Mrs. Ms. Male Female

Given Name _____

Surname _____

Address _____

_____ City _____ Zip Code _____

Country _____ Affiliation _____

Email _____

Fax _____ Phone _____

List of Hotels

Please, mark with a tick the chosen hotel.

<i>Hotel</i>	<i>Single room</i>	<i>Double room</i>
<input type="checkbox"/> Granada Center ****	97,00 €	124,00 €
<input type="checkbox"/> Rallye ****	81,00 €	97,00 €
<input type="checkbox"/> Gran Luna ****	75,00 €	90,00 €
<input type="checkbox"/> Luna ***	58,00 €	66,00 €
<input type="checkbox"/> Aben Humeya ***	50,00 €	60,00 €
<input type="checkbox"/> Mariola Apartahotel ***	50,00 €	60,00 €

Number of rooms: Single ___ Double ___ Check-in Day _____ Check-out Day _____

There are a number of rooms at Dormitories, which cost around 25€ a night. In case you are interested, you should get in contact with Eurocongres, the Technical Secretary.

Method of Payment

Total amount to pay _____ (This filling-form is not valid without this data)

Transfer to the following bank account:

Travel Agency Eurocongres Viajes

Bank of Andalusia

C.C.C.: 0004 3494 860601135601

IBAN: ES34 0004 3494 860601135601

BIC/SWIFT: BANDESSS

Credit Card: Type _____ Exp.Date _____

Number _____

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