XIII WAPR WorldCongress
PALACIO MUNICIPAL DE CONGRESOS DE MADRID
JULY. 5 - 7 2018

Recovery, Citizenship, Human Rights
Reviewing consensus
www.wapr2018madrid.com
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MADRID2018
PSYCHOSOCIAL REHABILITATION IN MENTAL HEALTH

Hotel Reservation

We inform that the hotel reservations have been made with economic risk and are subject to a cancellation fee imposed by the hotels. For this reason, we can consider a reservation as confirmed only if the payment has been made, either by credit card or by bank transfer. IMPORTANT: From the moment the reservation is made, you will have 10 days to make the payment and to send proof of payment to the Technical Secretariat (by email to reservations@wapr2018madrid.com). Otherwise, the hotel reservation will be automatically cancelled.

Personal Information

(*)First name_____ (*)Passport_____
(*)Last name _____
(*)Postal address _____
(*)City _____ (*)Post Code_____ (*)Country _____
Phone number _____ (*)E-mail _____
If you have special dietary needs (vegetarian, celiac, etc.) please write it down here _____
_____

Hotels

HOTEL	CAT.	SINGLE	DOUBLE
☐ Tryp Madrid Chamartin	4*	109 €	121 €
☐ Colegio Mayor Argentino NS de Luján		45 €	70 €
☐ Colegio Mayor El Faro		40 €	55 €

Hotel_____

Nights_____

TOTAL _____

Prices per room and night · For Extra nights consult with the Technical Secretariat · VAT included · includes accommodation and breakfast

For further information on conditions and cancellation policy please visit the website www.wapr2018madrid.com

Methods of payment

☐ **By bank transfer** (It is essential that you send a copy of the bank transfer by email: reservations@wapr2018madrid.com; indicating the conference and the name of the participant. Once we verify the receipt of the bank transfer, we will confirm the hotel reservation by e-mail). In case of "group reservation", please give us the number of the invoice.

Bank:	BBVA
Account holder:	Viajes Genil, S.A
IBAN:	ES43 0182 3344 2402 0159 8890
BIC/SWIFT:	BBVAESMMXXX

☐ **By credit card** you must indicate the following:

Card type ☐ VISA ☐ MASTERCARD
Card holder _____
Card number _____ Expiration date_____
Hereby, I authorize the above-mentioned amount to be charged to my account.

Note: Bank transfer fees, currency exchange fees, etc., will be paid by the participant.

Date _____ Signature:

Organizers   International Endorsements   National Endorsements

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