



# 1<sup>st</sup> International Symposium on System Biology From genomes to in silico and back

June 1<sup>st</sup> -2<sup>nd</sup>, 2006 – Murcia, Spain  
www.um.es/sysbiol2006



## ACCOMMODATION FORM

### Participant

Name	Country
Family Name	Telephone Nr.
Passport Nr.	Fax Nr.
Address	E-mail
Postal Code	Institution
City	

### Hotels

HOTEL	DOUBLE ROOM	SINGLE ROOM
Hotel Catalonia Conde de Floridablanca ****	108,40 €	95,75 €
Hotel Hesperia Murcia ***	95,65 €	71,25 €
Hotel Zenit Murcia ***	89,80 €	77,65 €
Hotel Hispano II **	82,75 €	72,30 €
Hotel Casa Emilio **	84,75 €	68,15 €

Hotel \_\_\_\_\_ 2nd option: \_\_\_\_\_ 3rd option: \_\_\_\_\_

Double Room (2 people)  
 Single Room (1 person)      Accompanying person: \_\_\_\_\_

CHECK IN DATE:	NR. OF NIGHTS	PRICE/DAY	TOTAL PRICE
/ / 2006			
CHECK OUT DATE: / / 2006	X	=	€

### General Conditions

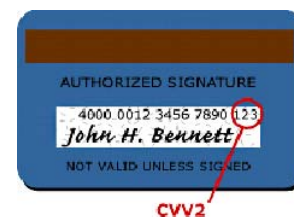
- Deadline to guarantee accommodation: May 26<sup>th</sup> 2006
- Price per room and night, breakfast and VAT included
- Once we have received your accommodation request and payment has been checked we will send you a confirmation by E-Mail
- Reservations will not be guaranteed until payment is received and confirmed by the Technical Secretariat. In case no room were available at the requested hotel, the Technical Secretariat will provide another hotel
- Cancellations:** before May 26<sup>th</sup>: no cost. From May 26<sup>th</sup> to 31<sup>st</sup>: 60% refund. After May 31<sup>st</sup> or no show: NO REFUND

### Payment

In case of Bank transfer, please send us receipt by fax. **Hotel requests will only be confirmed once the payment has been checked.**

- Bank transfer free from cost to: *Viajes CajaMurcia* Savings Bank: Cajamurcia  
Account number **ES 09 2043 0133 75 020 0003744** Swift Code: CECAESMM 043  
*Please remember to indicate on the heading of the bank transfer: "SAE - Family Name, Name"*

- Credit Card – I authorise to charge my credit card with the total amount indicated. We accept:  
VISA  AMERICAN EXPRESS  MASTER CARD  DINERS CLUB



Card Holder \_\_\_\_\_ Card Number \_\_\_\_\_ Expiring date \_\_\_\_\_ (mm/yy) CVV2 Number \_\_\_\_\_  
Total amount € \_\_\_\_\_ Signature \_\_\_\_\_

### How to send this form

Save as ..... "HOTEL BIOLOGY - FAMILY NAME, NAME" and send it as an attached document before May 26<sup>th</sup>, 2006 to : [congresos@viajescajamurcia.com](mailto:congresos@viajescajamurcia.com)  
Please indicate on the e-mail subject: "HOTEL BIOLOGY – FAMILY NAME, NAME"

Or print it and send it by fax before May 26<sup>th</sup>, 2006 to:



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