

**INTERNATIONAL WORKSHOP ON POWER SUPPLY ON CHIP (PwrSoc)**

**http://pwrsocevents.com**  
**02<sup>ND</sup> – 05<sup>TH</sup> OCTOBER 2016**

**HOTEL RESERVATION REQUEST FORM:**  
**DEADLINE TO CONFIRM: 5<sup>th</sup> SEPTEMBER 2016**

Please fax or e-mail the completed form to Hotel Villa Real  
To: Inmaculada Borrás // eventosvillareal@derbyhotels.com  
Tlf: +34 91 420 37 67 – Fax: 91 420 25 47

**Reservation details**

Mr.                       Mrs.                       Ms.

Surname: ..... Name: .....  
Institution / organization: .....  
Phone: ..... Fax: .....  
E-mail: .....

**Options:**

**Superior Double Use room**                       **Superior for Single Use**

Arrival date ..... (dd/mm/yy)                      Estimated arrival time: .....  
Departure Date ..... (dd/mm/yy)

**DAILY RATES**

<i>From</i>	<i>To</i>	<i>Room</i>	<i>Rate</i>
03/10/2016	05/10/2016	SUPERIOR SINGLE USE PER ROOM AND PER NIGHT	195,00 €
03/10/2016	05/10/2016	SUPERIOR DOUBLE USE PER ROOM AND PER NIGHT	210,00 €

Buffet Breakfast Included

2 nights minimum

10% TAX not included

02/10/2016	05/10/2016	SUPERIOR SINGLE USE PER ROOM AND PER NIGHT	180,00 €
02/10/2016	05/10/2016	SUPERIOR DOUBLE USE PER ROOM AND PER NIGHT	195,00 €

Buffet Breakfast Included

3 nights minimum

10% TAX not included

*Check-in: 3 p.m. - Check-out: 12 p.m.*

Valencia, 284 – 08007 Barcelona – Tel. 34-93 366 88 00 – Fax 34-93 366 88 09 –http://www.derbyhotels.es –e.mail:info@derbyhotels.es  
BARCELONA: CLARIS \*\*\*\*\* GL SUITES AVENUE (LUXE) GRANADOS 83 \*\*\*\*\* S GRAN DERBY \*\*\*\*\* S DERBY  
\*\*\*\*\* BALMES \*\*\*\*\* ASTORIA \*\*\*\*\* BALMES RESIDENCE (LUXE)  
MADRID: VILLA REAL \*\*\*\*\* URBAN \*\*\*\*\* GL  
PARIS: BANKE \*\*\*\*\* S  
LONDRES: THE CAESER \*\*\*\*\*

# VILLAREAL

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**RESERVATION POLICY:**

Reservation guaranteed by credit card: **The cardholder's signature is required.**

Credit card      Eurocard       Mastercard       Visa       American Express   
Diners Club

This is a company card  or a private card  in the name of:

- Company name: .....  
- Name cardholder: .....  
- Card number: ..... Expiry date: .....

**CANCELLATION POLICY:**

- *Payment will be made upon check out at the reception.*
- *Until 72 hours before arrival cancellations will be free of charge.*
- *Cancellations done between 72 and 24 hours before arrival will have a penalty of 1 night and it will be charged in the provided credit card.*
- *Cancellations 24 hours before arrival or in case of No-show, the hotel is entitled to charge the full stay in the above mentioned credit card.*
  
- ***I agree with the above conditions. Signature card holder:***

**Confirmation HOTEL VILLA REAL 5\***

**Signature CARD HOLDER**

***Hotel Villa Real 5\****

Plaza de las Cortes, 10  
28014 Madrid  
ESPAÑA  
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Fax: +34 91 420 25 47

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