



BARCELONA CITY

**HOTEL RESERVATION FORM:**  
**ROOMS SUBJECT TO AVAILABILITY**

**Association for the Advancement of Artificial Intelligence (AAAI)**  
**(ICWSM-11)**  
**From the 17<sup>th</sup> July till the 20<sup>th</sup> July 2011**

Please, fax or e-mail the completed form + clear photocopy of your Credit Card front and back to **HOTEL NOVOTEL BARCELONA CITY before the 16.06.2011**

Att: JUANJO LLEDÓ // H5560@accor.com  
Fax Number: + 93 320 87 79

**Reservation details**

Mr.

Mrs.

Ms.

Surname: ..... Name: .....

Institution / organization: .....

Address: .....

Postal code/City: ..... State: ..... Country: .....

Phone: ..... Fax: .....

E-mail: .....

**Options:**

Double for single use

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

Departure Date ..... (dd/mm/yy)

Smoking

Non smoking (subject to availability upon arrival)

Double for single use 130.00€

**Daily rates (8%VAT included)**

**Buffet Breakfast** included

Check-in: 2p.m. - Check-out: 12 noon

**NOVOTEL BARCELONA CITY  
AVDA DIAGONAL 201, (ENTRADA POR CIUTAT DE GRANADA)**

08018 Barcelona  
Phone: +34 93 326 24 99  
Fax: +93 320 87 79

**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 TERMS:**

- *All cancellations must be done under a written form.*
- *Payment will be made upon check out at the reception.*
- *Cancellations can be done until one month prior to arrival (16.06.2011) without penalty*
- *In the event of no show the hotel is entitled to charge the first night accommodation.*
  
- ***I agree with the above conditions. Signature Card Holder:***

**Confirmation**

**Signature CARD HOLDER**

- **A clear photocopy of the credit card back and front is required to confirm your reservation.**