



ACCOMODATION FORM

B DREAM TRIATHLON S. L. Muelle de Levante 6, Módulo 14, Local 2, Marina Deportiva de Alicante, 03001 Alicante
Tel. 00 34 965 14 68 87 / Fax 00 34 965 14 68 88 /
E-mail: info@bdream.es
Contact details: [Orsi Oletics](#) / [Bárbara Belloch](#)

FIRST NAME:		SURNAME:	
FEDERATION:			
E-MAIL:			
TELEPHONE NUMBER:			

HOST HOTELS	SINGLE ROOM B & B	DOUBLE ROOM B & B
-------------	----------------------	----------------------

HOTEL MELIA Alicante	105 €	114 €
-------------------------	-------	-------

HOTEL SPA PORTA MARIS	95 €	105 €
--------------------------	------	-------

- Price per room and per night (VAT included)
- Reservations will depend on availability of the hotel. After deadline, the rates could be modified.

HOTELS	SINGLE ROOM		DOBLE ROOM		TRIPLE ROOM	
	Bed	B & B	Bed	B & B	Bed	B & B

ALBAHIA TENNIS AND BUSINESS HOTEL	43 €	49 €	45 €	58 €	62 €	80 €
--------------------------------------	------	------	------	------	------	------

- Price per room and per night (VAT included)
- Reservations will depend on availability of the hotel. After deadline, the rates could be modified.



ACCOMMODATION FORM

HOTEL PREFERENCE FIRST CHOISE:		HOTEL PREFERENCE SECOND CHOISE:	
ARRIVAL DATE:		DEPARTURE DATE:	
Nº OF SINGLE ROOMS:	Nº NIGHTS	EUROS:	
Nº OF DOUBLE ROOMS:	Nº NIGHTS	EUROS:	
Nº DOUBLE ROOMS TWO BEDS	Nº NIGHTS	EUROS:	
TOTAL COST:			

PAYMENT

- 100 % of the total amount in order to confirm the reservation.
- All changes must be immediately reported to B DREAM TRIATHLON S. L.
- Extra charges (telephone, minibar, meals, etc) will be paid directly to the hotel.
- Reservations will depend on availability of the hotel.

CANCELLATION POLICY

- 100 % penalty of the rooms cancelled after confirmation and payment of reservation.

METHODS OF PAYMENT

CREDIT CARD AUTHORIZATION

TOTAL AMOUNT TO PAY: _____ EUROS €

VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMERICAN EXPRESS <input type="checkbox"/>
Name of Credit Card Holder:		
Credit Card Number:		
Last 3 numbers on the back:		
Expire date:		
Signature of Card Holder (Compulsory)		
<i>I authorize B DREAM TRIATHLON to charge to my credit card the total amount shown above</i>		



ITU TRIATHLON WORLD CUP ALICANTE 2013
28 y 29 de Septiembre 2013



INTERNATIONAL BANK TRANSFER:

(PLEASE, IT IS ESSENTIAL A COPY BY E - MAIL AT: info@bdream.es)

All fees derived by bank transfer will be supported by the sender.

Beneficiary: B DREAM TRIATHLON S. L.
Name on Account: BANESTO
Address of the bank:
SWIFT Number:
IBAN: 0030 3029 81 0003067271