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**COSMIC RAY ANISOTROPY WORKSHOP 2017**

**HEADQUARTERS: KRYSTAL URBAN  
2077 Manuel Lopez Cotilla St., Arcos Vallarta, 44130 Guadalajara, Jal.**

**October 8th through 15th 2017**.

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| --- | --- | --- |
| **ROOM TYPE** | **SINGLE** | **DOUBLE** |
| **STANDARD ROOM (MXN)** | $1,505.35 | $ 1,505.35 |
| **STANDARD ROOM (USD)** | $ 83.63 | $83.63 |

**Room rates only.(E.P), tax included. Check in at 15:00 hrs. Check out at 13:00hrs.**

**TIPS ARE NOT INCLUDED.** (Please proceed to cover them directly at the front desk).

* **BELLBOY**: $20.00 MXN equivalent to $1.20 USD per person (includes check-in and check-out services).
* **HOUSEKEEPERS**: $30.00 equivalent to $1.70 USD per room per night stay.

**Hotel features: Two WIFI passwords per room.** Free parking. Laundry and dry cleaning services for an extra cost. Gym use free.

There is a limited number of rooms. We suggest you to return this form filled so we may confirm your reservations to: **SERVYVIAJES** Tel./ Fax +52 (33)3280 29 47 / +52 (33) 3280 29 45, **TOLL FREE (within Mexico): 01 800-838-0777**. **RECEPTION FORMS DATE LIMIT** : **SEPTEMBER 2nd. 2017,** after this date reservation is subject to availability. Room rate may vary.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | |  | | | | | |
| **COMPANION** | |  | | | | | |
| **PHONE.** |  | | **E-MAIL** |  | | **ORIGIN** |  |
| **CEL PHONE** |  | | | **INSTITUTION** |  | | |

**\*** **PLEASE NOTE**: **E mail and telephone must be provided for confirmation purposes**

1. **1.- Please provide confirmation details herein:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Arrival date** |  |  |  | (dd/mm/yy) | **Departure date** |  |  |  | (dd/mm/yy) |

**Room type: Single Double Minors: EAges:\_\_\_\_\_\_\_\_\_**

In Double rooms please specify:\_\_\_\_\_ ONE BED \_\_\_\_\_ TWO DOUBLE BEDS \_\_\_\_\_\_(subject to availability).

**2.-** Form of payment. Credit Card : Please send your credit card number as guarantee. (See cancellation policies). Deposit: Please make the corresponding full payment of stay to the following account: Santander (MEXICO), S.A, SF PARTNERS II S DE RL DE CV **ACCOUNT:**

: 65-505477117-2 Suc. 0398 DIAMANTE SANTA FE Clabe: 014180655054711729**,**

**PLEASE INCLUDE REFERENCE NUMBER IN YOUR PAYMENT TO:** K U G D L A S T R O F I C O S 77 NUMERIC REFERENCE : 9999

Please send bank deposit slip along with this registration form to:**SERVYVIAJES** Tel:(33)32 80 29 45 Tel y Fax (33) 3280 29 47 **/ adriana.gallardo**[**@servyviajes.com**](mailto:reservaciones@servyviajes.com)

**Bank deposit information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  | (dd/mm/yy) | Amount | $ |
| Reference Number |  | | | |

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| IMPORTANT NOTICE: **Payments valid only through SERVYVIAJES to obtain congress special rates. Room check in at15:00 hours and check out at 13:00 hours. Any special request for any change must be informed by e mail. No telephone changes are accepted.**  **PLEASE CHECK OUR PRIVACY NOTICE AT:** [**www.servyviajes.com**](http://www.servyviajes.com) CANCELLATIONS **Once this reservation form is sent no cancellations are accepted. Last minute cancellations is 100% loss of full payment.na** . |
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**CREDIT CARD PAYMENTS: IT IS IMPORTANT TO SEND COPY OF ID AND CREDIT CARD IMAGE ( FRONT AND BACK) ALONG WITH THE BANK SLIP SCANNER.**

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