

XX Escuela de Salud Pública de Menorca – Registration Form

Please complete this information and send it by e-mail, post or fax to:

ESCUELA DE SALUD PÚBLICA DE MENORCA
INSTITUT MENORQUÍ D'ESTUDIS
Camí des Castell, 28
07702 Maó (Menorca), Spain.
Fax: +34 971 351 642
e-mail: escola.salutpublica@cime.es

PERSONAL INFORMATION:

Name: _____ Surname: _____
Passport number: _____ Institution: _____
Address: _____ City: _____
Post code: _____ Country: _____
Phone: _____ Fax: _____
e-mail: _____

COURSES YOU WISH TO PARTICIPATE IN:

Code Title

WORKSHOPS YOU WISH TO PARTICIPATE IN:

Code Title

ACCOMMODATION:

List of hotels: None
 H. Es Mirador des Port***
 H. Capri***
 H. Agamenon****
 H. Port Mahón****
 H. Hamilton***
 H. Rey Carlos III***
 Hostal Jume*
 Hostal La Isla*

Arrival date (dd/mm/yyyy):

Departure date (dd/mm/yyyy):

Accompanying person: No Yes. Full name:

Note: Accommodation booking is subject to confirmation by the travel agency.

TRAVEL: None Air plane Ship

City of origin:

Departure date (dd/mm/yyyy):

Return date (dd/mm/yyyy):

Accompanying person: No Yes. Full name:

Note: Flight or Ship: booking is subject to confirmation by the travel agency.

PAYMENT:

Bank transfer to:

SA NOSTRA, IBAN ES26 2051 0114 0110 37067466, BIC/SWIFT CECAESMM051

Credit Card:

Card type: VISA Mastercard American Express Dinner Club

Name (as printed out in the card):

Card Number:

Expiry date (dd/mm/yyyy):