

Hotel Reservation

We inform that the hotel reservations have been made with economic risk and are subject to a cancellation fee imposed by the hotels. You can view the cancellation policies on the website.

For this reason, we can consider a reservation as confirmed only if the payment has been made, either by credit card or by bank transfer. **IMPORTANT:** From the moment the reservation is made, you will have 10 days to make the payment and to send proof of payment to the Technical Secretariat (by email to reservations@wistaamericas2018.com). Otherwise, the hotel reservation will be automatically cancelled.

Personal Information

(*)First name _____ (*)Passport _____

(*)Last name _____

(*)Postal address _____

(*)City _____ (*)Post Code _____ (*)Country _____

(*)Phone number _____ (*)E-mail _____

If you have special dietary needs (vegetarian, celiac, etc.) please write it down here _____

Hotels

HOTEL	CATEGORY	SINGLE	DOUBLE
<input type="checkbox"/> Esplendor Buenos Aires	4*	107 USD	107 USD
<input type="checkbox"/> Dazzler San Martin	4*	100 USD	100 USD
<input type="checkbox"/> Dazzler Maipú	4*	100 USD	100 USD
<input type="checkbox"/> Hotel Centro Naval	3*	80 USD	80 USD

Hotel _____

Nights _____

TOTAL _____

Prices per room and night · Accommodation, breakfast and VAT included · For Extra nights consult with the Technical Secretariat.

For further information on conditions and cancellation policy please visit the website www.wistaamericas2018.com

Methods of payment

By bank transfer (It is essential that you send a copy of the bank transfer by email: reservations@wistaamericas2018.com; indicating the conference and the name of the participant. Once we verify the receipt of the bank transfer, we will confirm the hotel reservation by e-mail). In case of "group reservation", please give us the number of the invoice.

Santander Río

FASE 20 Argentina SRL

CUIT 30-71479751-0

CBU 0720382220000000056540

Account Number Cta. Cte. 451/4

Branch Office 382 - Juana Manso 1530

By credit card: for credit card payments, you must indicate the following:

Card type VISA MASTERCARD

Holder _____

Card number _____ Expiry date _____

Hereby, I authorize the above-mentioned amount to be charged to my account.

Note: Bank transfer fees, currency exchange fees, etc., will be paid by the participant.

Date _____ Signature: _____