

Registration for: ISAMA / BRIDGES 2003

Faculty of Sciences – University of Granada, Spain

<http://www.sckans.edu/~bridges/>

Name and address: _____

School and Department: _____

Phone: _____ E-Mail or Fax: _____

AV-Needs

There will be **overhead, slide, and computer projectors** in the lecture rooms.

If you are a speaker, please indicate here what other equipment you would like to use.
We will let you know whether we will be able to accommodate you.

Registration

The fee is 50E/day (Euro) or 130E for the 3-day conference plus 30E for the proceedings.

I plan to attend the entire conference: _____. (Registration and proceedings 160E) or:

I will attend July 23 _____. I will attend July 24 _____. I will attend July 25 _____.

Please reserve me this number _____ of (extra) proceedings (@ 30E each).

Tours

On **Saturday, July 26**, 2003, we have scheduled a guided all-day tour of the **Alhambra**, the old part of Granada and the surroundings. This tour includes lunch.

I plan to participate in the complete one-day tour on July 26: _____ (Fee 60E).

The tour can also be purchased as three different packages:

Visit to the Alhambra _____ (25 E)

Albayzin (a typical quarter of Granada) and lunch _____ (15E)

Alpujarras (mountains and small towns around Granada) _____ (20E)

ACCOMMODATION		
Hotels - Dormitories	Double occupancy	Single occupancy
GRANADA CENTER Hotel 4**** In front of the Faculty of Sciences.	85.82 €	60.10 €
MACIA GRAN VIA Hotel 4**** 15 minutes from the Faculty of Sciences.	---	49.88 €
University Dormitories 5 minutes from the Faculty of Science. Shared bathrooms for all rooms.	---	25 €

Prices per person and night, including breakfast and taxes. We offer those rooms based on "First register, first serve" rule. More information about the Hotels and dormitories will be regularly updated in the conference accommodations web page.

I Would Like to Reserve a SINGLE / DOUBLE room in _____

Day of Arrival	Day of Departure	Number of days

PAYMENT TERMS	
OPTION A: CREDIT CARD	
VISA <input type="checkbox"/>	DINERS CLUB <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRES <input type="checkbox"/>
Card holder's Name _____	Signature _____
Card Number _____	Expiration Date _____
OPTION B: Free of charge BANK TRANSFER to (please, enclose a copy by fax) :	
VIAJES EL CORTE INGLES, S.A. ACC.N. 0182-3994-07-0000664047 BBVA BANK BANK ADRESS: PSO. RECOLETOS 10.28001 MADRID. SPAIN	

Please fill out the registration form above and send a copy to:

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