



32<sup>nd</sup> Annual International Conference of the  
IEEE Engineering in Medicine and Biology Society  
"Merging Medical Humanism and Technology"

31 August - 4 September 2010 • Sheraton Buenos Aires Hotel & Convention Center • [embc2010.embs.org](http://embc2010.embs.org)

### Reservation of Airport Transportation, Tours and Hotel Accommodation

Please send the completed form by fax to: **COLTRAVEL/Biomedtours Fax: +54 3783 429027**  
or email to: **biomedtours@gmail.com**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Institution: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### Ezeiza Airport to Hotel transportation

Arrival airline carrier: \_\_\_\_\_ Shared van / bus  US\$ 28 x \_\_\_ person(s)  
Flight No. \_\_\_\_\_ Sedan  US\$ 77 (max. 3 persons)  
Arrival Date: \_\_\_\_\_ Luxury Sedan  US\$ 120 (max.3 persons)

#### Reservation of City tours, Area tours, shows and Tour packages

City Tour / Area Tour Code: \_\_\_\_\_ Preferred date: \_\_\_\_\_ Number of persons   
Tango show Code: \_\_\_\_\_ Preferred date: \_\_\_\_\_ Number of persons   
Tour Package Code: \_\_\_\_\_ Pre-conference  Post-conference  Number of persons

#### Reservation of Other Accommodation

Note: this reservation is valid provided Conference Hotel is sold out

Single room  Double room  Triple room  
Arrival date \_\_\_\_\_ Departure date \_\_\_\_\_ No. of Nights: \_\_\_\_  
First choice Hotel \_\_\_\_\_ Second choice Hotel \_\_\_\_\_

#### Payment for Transportation, Tours & Shows – Credit Card Guarantee for Hotel Reservation

Transportation+Tours+Shows Total US\$ \_\_\_\_\_

**Credit card for payment of Transportation, Tours and Shows**

I hereby accept the booking conditions and authorize COLTRAVEL to charge my credit card accordingly.

**Credit card Guarantee for Hotel reservation**

I hereby accept the booking conditions and authorize COLTRAVEL to charge my credit card in case of cancellation or no-show.

AMEX  MASTERCARD  VISA  DINERS

Credit Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please address any reservation change, cancellation or inquiry to:  
COLTRAVEL, Phone / Fax: +54 381 422 6575, E-mail: [jaime@coltravel.com.ar](mailto:jaime@coltravel.com.ar)