



45th SICOT ORTHOPAEDIC WORLD CONGRESS MADRID · SPAIN · 3-5 SEPTEMBER 2025

ACCOMMODATION FORM

Please fill in this form and send it to: Viajes El Corte Inglés S.A. Congresos Científico-Médicos.
Phone: +34 91 330 05 79 - Email: secretariaturistica@viajeseci.es

PERSONAL DATA

Last name:
First Name: ID / Passport n.:
Address:
Zip Code: City:
Phone: E-mail:

	Hotels	Category	Single Use	Double	Address
1	PULLMAN CAMPO DE LAS NACIONES	4*	<input type="checkbox"/> 245,00 €	<input type="checkbox"/> 260,00 €	Av. de la Capital de España, 10, Barajas, 28042 Madrid
2	NOVOTEL MADRID CAMPO DE LAS NACIONES	4*	<input type="checkbox"/> 245,00 €	<input type="checkbox"/> 260,00 €	C. de Ámsterdam, N° 3, Barajas, 28042 Madrid
3	THE WESTIN MADRID CUZCO	4*	<input type="checkbox"/> 245,00 €	<input type="checkbox"/> 270,00 €	Pl. de las Cortes, 7, Centro, 28014 Madrid
4	MELIA CASTILLA	4*	<input type="checkbox"/> 245,00 €	<input type="checkbox"/> 270,00 €	C. del Poeta Joan Maragall, 43, Tetuán, 28020 Madrid
5	NH BALBOA	4*	<input type="checkbox"/> 275,00 €	<input type="checkbox"/> 298,00 €	Calle de Núñez de Balboa, 112, Salamanca, 28006 Madrid
6	CANOPY BY HILTON	4*	<input type="checkbox"/> 245,00 €	<input type="checkbox"/> 255,00 €	Pl. de Carlos Trías Bertrán, 4, Tetuán, 28020 Madrid
7	NH EUROBUILDING	4*	<input type="checkbox"/> 285,00 €	<input type="checkbox"/> 308,00 €	C. del Padre Damián, 23, Chamartín, 28036 Madrid
8	EXE PLAZA	4*	<input type="checkbox"/> 250,00 €	<input type="checkbox"/> 260,00 €	P.º de la Castellana, 191, Tetuán, 28046 Madrid

Price per room/nigth. Breakfast and taxes included.



VENUE: PALACIO MUNICIPAL DE CONGRESOS

Please choose in preference order:

Hotel: 1st OPTION:
2nd OPTION:

Reservation: SINGLE ROOM DOUBLE ROOM Number of nights: ____

Check in day: / / (dd/mm/aa) Check out day: / / (dd/mm/aa)

PAYMENT METHOD

- Bank transfer** free of charges to Viajes El Corte Inglés, S.A. :
Bank BBVA. IBAN: **ES97 0182 3999 37 0200664662** • SWIFT: **BBVA ES MMXXX** (Please attached copy of payment)
- Credit card:** send an email to secretariaturistica@viajeseci.es and the Secretariat will send you a payment gateway

CONDITIONS OF BOOKINGS

Please contacto with the Tourist Secretariat

IN CASE YOU REQUEST AN INVOICE, PLEASE FILL IN:

Name and Last name or Company name:
ID/VAT Number: Address:
City: Country: Zip Code:

We would like to inform you that the personal data obtained through this form will be taken into a file property of the Spanish Society of Stomatological and Aesthetic Prosthesis, and in order to answer your queries and send you information related to the entity. The company informs that it will transfer the list of registrations to the exhibitors participating in the Congress, including full name and city. The interested party declares to have knowledge of the destination and use of the personal data collected by reading this clause. Sharing these data implies the acceptance of the exposed clauses. If you wish to exercise your access rights, rectification, cancellation or disagreement in the terms established in the Organic Law on Data Protection (LOPD) 15/1999, you can do so at the following address: Spanish Society of Estomatological and Aesthetic Prosthesis - C / Rey Francisco, nº 14, 5º - D, 28008 Madrid (Madrid).