



## BOOKING FORM

### NAME OF THE PAYING ENTITY

Name:

CIF (Attach a copy of the tax identification card):

Street:

Postcode:

City:

Province:

Country:

Phone:

Web:

Email:

### CONTACT PERSON

Name:

Position:

Email:

### ACTIVITY:

Brief summary of the activity:

#### Type of activity:

Non-profit activity for youth

Non-profit social activity

Other type of activity (specify):

#### Activity dates:

Start:            day:            time:

End:            day:            time:

#### Earlier or later dates for the organization:

Earlier:            day:            time:            n. of people:

Later:            day:            time:            n. of people:

#### Total number of participants in the activity:

Youth (14 to 30 years old)    Non-youth    Others (organization, speakers, etc.)    Total participants

### Space needs (indicate date and estimated time of use)

| FACILITIES         | AMOUNT | DATE | TIME |
|--------------------|--------|------|------|
| Assembly hall      |        |      |      |
| Europa room        |        |      |      |
| Classroom          |        |      |      |
| Working room       |        |      |      |
| Office             |        |      |      |
| Multi-purpose room |        |      |      |
| Library            |        |      |      |
| Reception          |        |      |      |
| Others (specify)   |        |      |      |

### Accommodation and maintenance needs

| SERVICE                                                                                                   | AMOUNT | DATE | TIME (*) |
|-----------------------------------------------------------------------------------------------------------|--------|------|----------|
| Single rooms                                                                                              |        |      |          |
| Double rooms (2 per.)                                                                                     |        |      |          |
| Double rooms (3 per.)                                                                                     |        |      |          |
| Adapted rooms                                                                                             |        |      |          |
| V.I.P. rooms                                                                                              |        |      |          |
| Breakfast                                                                                                 |        |      |          |
| Mid-morning snack                                                                                         |        |      |          |
| Lunch                                                                                                     |        |      |          |
| Afternoon snack                                                                                           |        |      |          |
| Dinner                                                                                                    |        |      |          |
| Others (especificy):                                                                                      |        |      |          |
| (*) Check-in will be available starting at 2:00 p.m. Special needs will be accommodated for when possible |        |      |          |

## Date Protection

In accordance with Organic Law 3/2018, of December 5th, on Protection of Personal Data and Guarantees of Digital Rights, the personal data provided by you in this form will be processed solely and exclusively for managing purposes related to this procedure. In no case will the data be transferred to third parties, without the express consent of the affected party, except in those cases provided by law.

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Prior to submitting a claim to the AEPD, you can contact the Data Protection Officer of the Youth Institute.

**Data Controller:** Instituto de la Juventud, 71 José Ortega y Gasset St., 28006 Madrid, dependant of the Ministry of Social Rights and 2030 Agenda, 18-20 Paseo del Prado 28071 Madrid, [protecciondedatos@injuve.es](mailto:protecciondedatos@injuve.es)

**Delegate of Data Protector (DPD)** of the Youth Institute:  
[delegadoprotecciondatos@injuve.es](mailto:delegadoprotecciondatos@injuve.es)

**Agencia Española de Protección de Datos (AEPD)** (Spanish Data Protection Agency): 6 Jorge Juan St., 28001 MADRID (<https://www.aepd.es>) .

I have read and agree to the terms

## Date and signature:

In

to

Signed:

**SR. DIRECTOR DEL CENTRO EUROLATINOAMERICANO DE JUVENTUD (CEULAJ). Avenida de América s/n, 29532 - Mollina, Málaga, España**