



Puerto de La Cruz, Tenerife

8th November 2016 for 14 nights

Enjoying a central, oceanfront setting in Puerto de la Cruz in the north of the island, Sol Costa Atlantis is located opposite Playa Martianeze beach, a mere 150m from the popular Lago Martianeze lido complex and there is a selection of shops, bars and cafés nearby.

Guest rooms are spacious and bright and feature balcony or terrace, and some, views of El Teide or the ocean. The restaurant with its large terrace for al fresco dining serves a buffet of international and regional specialties, and in addition there is a pool bar for refreshing drinks and a bar lounge with a chill-out area.

Facing the beachfront is the outdoor swimming pool surrounded by plenty of loungers, and there's a small children's pool and a seasonal mini club. Offering a range of pampering treatments and a thermal circuit the relaxing spa on the 14th floor is set under a glass dome ensuring stunning panoramic views.

Hotel Facilities include:

- Interconnecting rooms • Rooms suitable for people with disabilities
- Fitness room • Spa/Wellness centre • Babysitting
- Outdoor heated pool • Children's pool
- Wifi in reception • Internet computer stations

Gatwick 09.25/14.05

Twin double room balcony/terrace Half board £1359 per person

Manchester 09.00/13.35

Twin/double room balcony/terrace Half Board £1429 per person

East Midlands 10.00/14.35

Twin/double room balcony/terrace Half Board £1430 per person

Birmingham 10.15/14.45

Twin/double room balcony/terrace Half Board £1388 per person

Deposit due £200 per person, balance due 12 weeks prior to departure.

Please return booking form (*see reverse*) with a clear copy of your EHIC card, as this is required by Tenerife dialysis unit to confirm your slot.

Booking forms to be completed and returned no later than 26th July 2016





Group Trip Booking form

Departure Date	Departure Airport	Duration - 14	Accommodation name	Board Basis	Room Type

Title	First Name	Surname	Date of Birth	Room Type	Board Basis

Once we have received your booking form we will contact you to take card details for the deposit over the telephone.

Please state below in **BLOCK CAPITALS** the name and address of the dialysis patient to whom all correspondence should be sent to:

Name: _____

Address: _____

_____ Telephone: _____

Signed: _____ Date: _____

Return form to Freedom, 8 Flaxland Crescent, Sileby, LE12 7SB or email to laura@holidaydialysis.co.uk

For insurance we recommend **All Clear** on **0845 2505278** quote **REF: FRH**

INSURANCE DETAILS

Policy Number: _____ Insurer: _____

SPECIAL REQUESTS / WHEELCHAIR ASSISTANCE

If you require wheelchair assistance or are taking your own wheelchair please ask for a special needs form, which you will need to complete. If you have any requests for the flight or accommodation such as vegetarian meals, low floor etc please state below.

Name of your dialysis unit	Address	Tel: No.	Contact Name:
Type of Dialysis	Dialysis Days	Duration	CAPD/APD fluid type

**Spaces are limited due to dialysis Slots, which will be given on a first come first served booking basis.
Please return no later than the 26th July 2016**