



HOTEL BOOKING FORM

AUTUMN CONFERENCE – From 24th to 26th SEPTEMBER 2009

BOOKING FORMS MUST BE SENT BEFORE 24th AUGUST 2009

This form must be sent to:
Real Palacio Hotel
Mr. Hugo Nabais - Groups Coordinator
E-mail: hnabais@hoteisreal.com
Tel: +351 21 319 9578 - Fax: +351 21 319 9502

FAMILY or SURNAME:

FIRST NAME:

COMPANY:

FULL ADDRESS:

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CITY & POSTAL CODE: **COUNTRY:**

TEL: (with area code) **FAX:**

E-MAIL:

(Note: This information will be used to mail or fax an acknowledgement of your reservation)

PLEASE RESERVE THE FOLLOWING ACCOMMODATION FOR REAL PALACIO HOTEL:

All the rooms are no smoking rooms and rates are per room, per night, inclusive of buffet breakfast, tax and service charges

SINGLE ROOM- €170 _____

TWIN ROOM - €190 _____

ARRIVAL DATE:

DEPARTURE DATE:

FORM OF PAYMENT:

In case of cancellation and no show can be drawn according to:

RESERVATIONS:

The reservation should be done until **24th of August 2009**, after this date the block will be released and all the reservations will be on request, upon availability and agreed rate may not apply.

A valid credit card number with the security code and expiry date will be requested in order to confirm the reservation.

To guarantee the reservation we **will charge on each credit card 1 room night on the 24th September 2009.**

In case of **no-show** the Hotel will retain full pre-payment amount (room)

Each cancellation room or reduce stay notified **between 15 days and 5 days** before the 1st arrival will be charge at 95% of the total amount (rooms). After this date in case of cancellation no-show policy applies.

CHECK ONE: ___ **AMEX** ___ **VISA** ___ **MASTERCARD**

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

CARD HOLDER'S NAME: _____

(signature)

(date)

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C O N F I R M A T I O N