

VIP Grand

★ ★ ★ ★ ★ LISBOA
HOTEL & SPA

Accommodation Booking Form

PAX Conference
20 – 21 October 2010

Please complete this form until **8th October 2010** and fax or mail it to our Hotel.

Guest Information:

Prefix (Prof/ Dr/ Mr/ Mrs/ Ms) _____ Last Name _____ First Name _____
Passport n° _____ Issue Date _____ Expire Date _____
Address _____
ZIP Code _____ City _____ Country _____ Tel. _____
Fax _____ Mobile _____ Email _____
Company / Organization (if applicable) _____

Reservation Details:

Arrival Date: ___/___/___ Departure Date: ___/___/___ N° Nights: ___

Type of Room: 90€ Single Superior ___ Smoking ___ Non-Smoking ___
100€ Double Superior ___ 200€ Executive Suite ___

Special Requirements: _____

Credit Card Details:

| | |
|--|---|
| Name as it appears on the credit card: | |
| Card type: | <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Diners/CB <input type="checkbox"/> Discover <input type="checkbox"/> JCB |
| Account type: | <input type="checkbox"/> Individual (personal credit card) ____/____/____ |
| | <input type="checkbox"/> Corporate Company Name: _____ |
| Card number: | Exp. date: _____ |
| Cardholder's Signature: | Security nr° _____ |

Reservations and cancellation policy:

- The reservation should be received before **8th October** No cancellation penalties will be applied by the Hotel until this date.
- Cancellation received **between 8th September and 15th October** 50 % of total room-nights cancelled will be charged into individual's credit card.
- Cancellations from 15th October: 100% of total room-nights cancelled will be charged into individual's credit card.
- All no-shows will be charged to your credit card for all room nights booked.

Date ___/___/___

Signature _____