



HOTEL REGISTRATION FORM

PARTICIPANT

Surname:		First Name:	
Company:			
Address:			
City:	Postal Code:	Country:	
Tel.:	Fax:	E-mail:	

ACCOMPANYING PERSON

Surname:		First Name:	
Surname:		First Name:	

ACCOMMODATION

Hotel	Single room	Double room	Triple room	Extra bed
Hotel Melia Aldeia dos Capuchos * * * * Costa Caparica	80,00	92,00	110,00	-
Hotel Costa da Caparica * * * * Costa da Caparica	58,50 Land view	65,00 Land view	-	25,00
	69,00 Sea view	80,00 Sea view	-	25,00
Hotel Maia * * / Costa da Caparica	50,00	60,00	70,00	-
Estalagem Colibri / Costa da Caparica	40,00	49,90	59,90	-
Hotel Praia do Sol – HR * * / Costa da Caparica	40,50	47,50	62,50	-
Residencial Mar e Sol / Costa da Caparica	38,50	44,00	60,50	-
Pousada Juventude Almada (Youth Hostel in Almada)	-	38,00	-	14 € Per bed in a multiple bedroom
Hotel VIP Zurique * * * / Lisboa	63,00	68,00	-	-

The above prices are in Euros per night, per room with private bath/shower and include breakfast, service charges, taxes and VAT.

PLEASE RESERVE: SINGLE ROOM DOUBLE ROOM EXTRA BED TRIPLE ROOM

AT HOTEL: 1st CHOICE _____ 2nd CHOICE _____

ARRIVAL DATE ____/____/____ DEPARTURE DATE ____/____/____ N° NIGHTS: _____

TOTAL AMOUNT _____

ACCOMMODATION - AVAILABILITY, CONDITIONS

Given the limited number of rooms in each category, early booking is strongly advised. Hotel reservations will only be processed once payment in full has been received. Should the requested hotel category be unavailable, VIAGENS ABREU, S.A. will make reservations in another category. Requests by telephone will not be considered. Changes to reservations will only be considered provided written notice (by letter or fax) is received by VIAGENS ABREU, S.A.

CANCELLATION CONDITIONS:

Until May 16: VIAGENS ABREU, S.A. will refund the amount paid, less a fee of € 50 per room, if cancellation

is received in written notice before May 16.

From May 16 until June 07: VIAGENS ABREU, S.A. will only refund 50% of the total amount paid (after deducting a fee of €50), if written notice of cancellation is received between May 16 and June 07.

After June 07: If notice of cancellation is received after June 07 participants will not merit a refund.

PAYMENT

Please tick method of payment:

Credit card: VISA MasterCard American Express
Name _____ Birth Date ____ / ____ / ____
Home address: _____
Card Number: _____ Expiry date: _____
CVV number _____ (Security code 3 last digits on the back of the card)
Signature _____

Bank Transfer to: Banco BPI – Av. Da Boavista, 1117 -3º – 4100-129 Porto
Swift Code BBPIPTPL
IBAN nº PT 5000 100000 2662876 0001 15

NOTE: NO RESERVATIONS WILL BE ACCEPTED WITHOUT PAYMENT.



To confirm and submit your Hotel Registration, please send this Form by **fax** or by email (scanned) to :

Viagens Abreu - Maria de Jesus
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