



HOTEL BOOKING FORM

Please complete this registration form and return it by fax or by e-mail, directly to central reservations HOTEL HOLIDAY INN LISBON as follows:

Fax: + 351 .21.7962130 Telef: + 351.21.0046046

rosalia@grupo-continental.com

cristina@grupo-continental.com

alexandra@grupo-continental.com

SUBJECT : "MEETING WONDERMAR " - 27 SEPTEMBER until 03 OCTOBER 2003

Name _____

Company _____

Telephone _____

Fax _____

Dear Sirs,

We are pleased to confirm _____ single / double room

from _____ until _____ **at HOLIDAY INN LISBOA**

Rates are per room ,per night, include American Buffet Breakfast, all taxes and services:

Single - Euro: 80 €

Double - Euro: 90 €

CREDIT CARD INFORMATION

CREDIT CARD _____ CREDIT CARD NR _____

EXPIRE DATE _____

Security code (last three digits on the back of the card) _____

CREDIT CARD HOLDER'S NAME _____

REMARKS

1. Dead line for inscription - 29 August 03
2. Cancellations accepted until 48h prior to arrival
3. In case of no-show hotel will charge one night , remaining will be released

Av. António José de Almeida, 28 A - 100-044 Lisboa, Portugal

Tel : + 351 21 0044000 Fax : + 351 21 7936672