

BOOKING FORM

Att: HOTEL REAL PALÁCIO

Mrs. Samanta Ferreira

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Grp	EYSF Meeting - 01 st to 02 nd Septe	mber 2016	
SURNAME:	NAME:		
COMPANY:			
ADDRESS:			
POSTAL CODE:	COUNTRY		
PHONE:	FAX:		
E-MAIL:			
(Note: This inf	ormation will be only used to conj	irm your reservation)	
Arrival Date:			
Departure Date:		·	
Room Type	□ € 90.00 / Individual	Room / night	
(please select your option) (prices with taxes and breakfast included)	□ € 100.00 / Double R	oom / night	
PAYMENT:			
Credit Card Details:	Number:		
	Expire Date:	CVV:	
	Name on the Card:		
Reservations should be sent until the 15 th July the Hotel's availability.	v 2016. After this date, all reservation re	quests will be confirmed accordingly to the hote	els upon
To confirm your reservation, it is necessary a vais going to charge in your credit card the total a		d information. To guarantee this reservation, the street is non-refundable	HOTEL
Cancellation/Reduction Policies Between 30 to 16 days prior to arrival: 50% of t Between 15 to 07 days prior to arrival: 85% of t From 06 days prior to arrival: 100% of the total	he total service charges		
In case of "No Show" the hotel will charge the	total amount of the entire stay.		
(Signature)		(Date)	

HOTEL'S CONFIRMATION