



Holiday Inn Lisboa

Avenida António José de Almeida, 28-A

1000-044 Lisboa

www.holiday-inn.com/lisbonprt

BOOKING FORM

PLEASE FILL AND ADDRESS TO:

SALES CENTRE

FAX: +351.21.7962130 TELEF: +351.21.0046046

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SUBJECT: " DISCRETE" IST – 02/08 December 2012- Lisbon

GUEST NAME: _____

MY FAX NUMBER: _____

MY TEL. NUMBER: _____

MY E-MAIL ADDRESS: _____

Dear Sirs,

I would like to confirm ____Single ____Double room at **HOLIDAY INN LISBOA.**

Arrival ____/____/____

Departure ____/____/____

- **SINGLE: 64 €**
- **DOUBLE: 69 €**

Rates per room, per night, include American Buffet Breakfast, all taxes and service.

CREDIT CARD DETAILS:

AMEX Dinners Maestro Master Card Visa Other _____

Credit Card holder's name: _____

Credit Card Number: _____

Expiration Date: ____ / ____ CCVC Code: _____

Cardholder's Signature _____
(same signature as stated on credit card)

Address of the Credit Card Holder: _____

Remarks:

- ✓ **Dead line for reservation - 25th October 2012**
- ✓ **Cancellations – Until 72 hours prior to arrival – cancellations after this date, the hotel will charge 1 night on credit card informed.**
- ✓ **In case of "No show" Hotel will charge 50% of total stay on the credit card informed and remaining nights will be released**