



5th Joint LAP-CNSA Workshop

ANACOM

Lisbon - Portugal, 07 – 09 October 2009

HOTEL BOOKING REQUEST FORM to be returned no later than 07/09/09 (dead line date to accept the reservation) directly to

The Groups Coordination of Gabriela Almeida

grupos@olissippohotels.com

fax: +351 21 318 27 99

HOTEL'S ROOM ACCOMMODATION RESERVED AT THE
OLISSIPPO ORIENTE**** (Avenida Dom João II, Parque das Nações, Lisboa)
Tel: +351 21 892 91 00 – Fax: +351 21 892 91 19

Delegate's Information

First Name	<input type="text"/>
Surname/Family Name	<input type="text"/>
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.
Organization	<input type="text"/>
Job Title	<input type="text"/>
Name of accompanying spouse/person	<input type="text"/>

Contact Information

Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Phone	(<input type="text"/>) - <input type="text"/>
Fax	(<input type="text"/>) - <input type="text"/>
Email	<input type="text"/>

Conditions of Reservation

Room Accommodation Rate

☐ Single – 115 Euros ☐ Double – 125 Euros ☐ Junior Suite – 185 Euros

– RATES APPLY IF THE RESERVATION IS MADE UNTIL 07/09/09 inclusive

☐ Single – 115 Euros ☐ Double – 125 Euros ☐ Junior Suite – 185 Euros

– RATES APPLY IF THE RESERVATION IS MADE FROM 08/09/09

ARRIVAL	DEPARTURE

Reservation guaranteed until 6PM.

To guarantee your reservation you have to send to us a credit card number with expire date and the owner's name to keep your room.

☐ The credit card is only used as a warranty

Credit Card Number	Expire Date:
Owner's name:	Secure Nbr:

☐ If you haven't a credit card to guarantee your room until your arrival date, you have to make a bank transfer of all nights with the reference "LAP-CNSA WORKSHOP" to the following bank's account of our company:

Sociedade Hoteleiras Seoane SA

Avenida da Republica, nº15, 1050-185 Lisboa, Portugal

Bank Name's: Caixa Geral de Depósitos

Routing Number (Swift Code): CGDIPTPL

Account Number/IBAN: PT 50 0035 0001 00013018330 37

Please send to us the copy of the wire transfer asap.

(Please note that we require a **ONE NIGHT AS A GUARANTEED** that we will charge on the credit card OR have to be done by bank transfer 8 days prior the arrival date. Please indicate LAP-CNSA WORKSHOP, your name and organization as the details for your wire transfer

Cancellation Policy free of charge – 2 days prior the arrival date at 2 PM

No-show charge – 1 night

I accept these conditions above mentioned: Yes ___ - No ___

Guest's signature: _____

Date: ___ / ___ / ___