

## HOTEL REGISTRATION FORM



# ANACOM

**5th Joint LAP - CNSA Workshop  
7 - 9th October 2009, Lisbon**

The Hotel Registration form shall be submitted before **11.09.2009**  
Please submit this form by fax to the **Hotel Tivoli Oriente**.

### ***Accommodation***

Arrival Date: \_\_\_\_\_ Departure: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Fax : \_\_\_\_\_ Phone : \_\_\_\_\_ e-mail: \_\_\_\_\_

### **Room Type:**

Single ( ) € 100,00      Double ( ) € 110,00

Non-Smoking ( )

Smoking ( )

(These rates are per room, per night, including Buffet Breakfast and taxes)

### ***Payment Method : Credit Card***

VISA ( )    MASTER CARD ( )    AMERICAN EXPRESS ( )    OTHER'S ( )

Credit card number: \_\_\_\_\_ Expiry date : \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**IN CASE OF NO-SHOW, WE WILL CHARGE ONE NIGHT ON THE CREDIT CARD.**

### **SUBMIT REGISTRATION TO:**

Ms. Carmen Berimbau  
(Groups & Events Coordinator)

**Fax. 351 21 891 54 27**

Phone . 351 21 8915 439

e-mail – [comercial3.hto@tivolihotels.com](mailto:comercial3.hto@tivolihotels.com)