

## Group Conferência Final TEVAL

### RESERVATION FORM

|               |  |                 |  |
|---------------|--|-----------------|--|
| Last name:    |  |                 |  |
| First name:   |  |                 |  |
| Address:      |  |                 |  |
| Telephone:    |  | Email:          |  |
| Arrival Date: |  | Departure Date: |  |
| Arrival Time: |  | Departure Time: |  |

- Single:** € 94,00 (includes breakfast, taxes and service charge)
  **Smoking**
 **Non Smoking**
- Double:** € 104,00 (includes breakfast, taxes and service charge)

***The Reservation Form must be received before 25<sup>th</sup> September, after this date the confirmation will be subject to availability of room and rate.***

***In order to guarantee this booking please provide us:***

|   |  |              |              |
|---|--|--------------|--------------|
| Credit Card Nº:   |  | Expiry date: |              |
| C.V. V. (In case of Visa Card):   |  |              |              |
| I hereby authorize SANA Hotels to charge the above mentioned credit card with the Amount of |  |              | <b>Euros</b> |
| Authorized Signature:   |  |              |              |

**Cancellations:**

Any cancellation must be received in writing to the SANA Lisboa Hotel.

Cancellations received until 1<sup>st</sup> October, no cancellations fee will be applied

Cancellations received between 02<sup>nd</sup> and 09<sup>th</sup> October, will be charged 50% of the entire stay in your credit card

Cancellations received after 10 October your credit card will be charged for all nights booked

All No-Shows will be charged to your credit card for all nights booked. The same procedure applies to any modification to the initial reservation

**Please fax this form back to: (351) 21 00 64 345**

**Or email: [rebqt.lisboa@sanahotels.com](mailto:rebqt.lisboa@sanahotels.com)**