



Hotel Reservation Form
HOTEL DOM CARLOS PARK *Premium**

Booking N°	
------------	--

Please complete in **BLOCK CAPITALS** and fax back to **+351 21 352 0272**
 or to **reservas@domcarloshoteis.com**

NAME OF THE EVENT			
IPB - TEVAL 2			
Hotel Contact Information		Reservations Department	
DOM CARLOS PARK HOTEL *** Avenida Duque de Loulé, 121 1050-089 LISBON		Contact	Tania Flores, Reservations Department
		Direct Tel	+351 21 3173575
		Fax	+351 21 3520272
		Email	reservas@domcarloshoteis.com
		Web	www.domcarloshoteis.com

Personal Information			
Last name		First name	
Company name			
Address			
Telephone		Town	
Fax		Zip code	
Email		Country	

Room Reservation Details			
Room Occupancy	<input type="checkbox"/> Single 83,00Eur <input type="checkbox"/> Double 99,00Eur <input type="checkbox"/> Twin 99,00Eur		
Room Type	<input type="checkbox"/> Standard <input type="checkbox"/> Deluxe (+ 20%)		
Smoking	Smoke free Hotel		
Number of nights		Deadline	
Arrival		Departure	
Share with			

Special Requirements
<i>Please indicate below any special requirements you may have:</i>

Credit Card Information													
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Eurocard <input type="checkbox"/> AMEX <input type="checkbox"/> Diners Club												
Cardholder's Name													
Credit Card Number													
Expiry Date			Card Validation Code (3/4 digits on reverse of your card)										

Please note: The cancellation policy is 07 days or **No Show**, all the services booked will be fully charged.

Please sign below to confirm your acceptance of the Dom Carlos Park Hotel's cancellation policy:

Signature:

Date: __/__/__