



Reservation Form

Ref. EuCAP2015 - Lisbon

CUSTOMER INFORMATION

Last name: _____ First name: _____

E-mail: _____ Telephone: _____

RESERVATION

Check-In: ____ / ____ / ____

Check-out: ____ / ____ / ____

Room Type	Rate	
Single Room	€140,00	
Double Room Single use	€150,00	
Double Room	€160,00	

Prices per night. Buffet Breakfast included. VAT included.

- Check-In time: 2:00 pm. Room assignment prior to this time is subject to availability.
- Check-Out time: 12:00 noon. Any room vacated after this time, will be charged an additional night's stay.

HOTEL CANCELLATION POLICY

- Up to 1 week prior to arrival date: no cancellation fees applied
- Less than 1 week prior to arrival date: 100% of the total stay will be charged directly by the hotel

CREDIT CARD INFORMATION

Kindly note: all requests must be accompanied by credit card number, card back code and expiration date, to guarantee your room. Reservations without credit card details will not be done.

American Express Visa Master Card Diners Card

Credit card number: _____ . Exp. date: ____ / ____ . Back code: _____

Signature: _____

In case of cancellation after 7days prior to arrival or no-show, I authorize the Hotel to charge 100% of the total amount of the stay.

Please fax or e-mail this form to:

Telephone: + 351 213 600 900- Fax: + 351 213 600 908

Email: jeronimos8@themahotels.pt

- Reservation is subject to confirmation –