



DSN 2009 28 JUNE TO 02 JULY

ACCOMODATION BOOKING FORM

Please fill, print and send us this booking form by Fax, Post or e-mail.

HOTEL ALVORADA, Rua de Lisboa, 3 - 2765-240 Estoril - Portugal
Telf.: 214 649 860 - Fax: 214 687 250 - e-mail: reservas@hotelalvorada.com

Guest Name: _____

Adress: _____

Phone: _____ Fax: _____ e-mail: _____

Company Name: _____ NIF: _____

Phone: _____ Fax: _____ e-mail: _____

Arrival date: ___/___/___ Departure date: ___/___/___ Room type: _____

Single Room	Doble Room Standard	Triple Room
85,00 €	96,00 €	125,00 €

The rates are per room, per night and includes buffet breakfast.

Payment Details:

Card type: VISA / Amex / Diners / Master / Other: _____

Card N^o.: _____ Val. ___/___/___ CVV: _____

Special requests: _____

~ ~ ~ I M P O R T A N T ~ ~ ~

Your reservation will be guarantee after you receive our confirmation

The Deadline to make your reservation is 25/05/2009 from wich we can no longer assure avallability.

Cancelations Polity: If canceled until 15 days prior to the date of arrival there will be no charges; if late cancelation will be charged the first day of the reservation; in case of NO-SHOW will be charged the full reservation.

Signature: _____ Date: ___/___/___