LIDO HOTEL

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 LIDO, Rua do Alentejo, 12 Estoril - Portugal Telf.: 214 679 420 - Fax: 214 679 429 - e-mail: reservas@hotellido.pt

| Guest Name: | | |
|--|--|--------------|
| Adress: | | |
| | | il: |
| Company Name: | | NIF: |
| Phone: | Fax:e-ma | il: |
| Arrival date:/ Depar | rture date:/ Room ty | /pe: |
| Single Room | Doble Room Standard | Suite Room |
| 85,00 € | 96,00€ | 120,00 € |
| | Val | / CVV: |
| | ~ ~ ~ I M P O R T A N T ~ ~ ~ | |
| Your reservation will be | oe guarantee after you receive our co | onfirmation |
| The Deadline to make your reservation is 25/05/2009 from wich we can no longer assure availlability. | | |
| | until 15 days prior to the date of arriverst day of the reservation; in case of reservation. | - |
| Signature: | | Date: / / |