

Please return the completed and signed form to:

Quality Inn - Porto - Praça da Batalha

raquel.martins@continentalhotels.eu

Tel. 00351 223392300 - Fax. 00351 222006009

HOTEL BOOKING FORM

Marcons - 19 to 21 November 2018									
Contact Details (Please complete in CAPITAL leters)									
Company name	e:								
Adress:									
Postal Code		City			Country				
VAT Number						•			
Guest Name (first name, surname):									
e-mail									
Phone			Mobile			Fax			
HOTEL CONDITIONS									
Please select your room option.									
	Please indicate number of rooms								
Standard Twin	Room	TWN 75,00 €							
Standard Double room SGL 68,00 € DBL 75,00 €									
Arrival date			Departu	ure Date					
* Above rates are quoted in euros, include Breakfast buffet and all local taxes									
HOTEL BOOKING POLICY AND DEAD LINES for the current room allocation									
Guaranteed booking: Hotel require pre payment or credit card details in order to guarantee your reservation.									
Payment: by bank transfer or credit card.									
In order to guarantee your reservation by CC Hotel will charge the 1st night, and final payment should be done									
at the hotel. (in this case we need copy of the credit card - front and versus)									
Hotel will charge - 5 days P rior T o A rrival - your credit card.									
Changes and cancelations: must be communicated to hotel via e-mail with confirmation number									
Penalties may be apply. Telephone cancellations are not accepted as valid.									
Hotel terms and conditions									
Room can be cancel without penalty up to				days prior arrival date.					
No show Rooms: After 20 days releases all cancel reservations, late arrivals or early check-outs are									
consider no-show rooms. All no-show rooms will be charged to 100% The full length of stay.									
HOTEL BANK DATA FOR TRANSFER PURPOSES		Acc. Nr N	IB	0018 00000	00000254 6280001 09				
		IBAN PT50 0018 00000254 62800			80001 09				
		SWIFT ADRESS TOTAPTPL							
CREDIT CARD DETAILS									
l,						hereby authorize hotel			
Quality Inn Porto to charge my credit card in the am				nount of €			- €		
C.C Type	Visa		AMEX		Mastercard		Diners		
C.C Number				Exp. Date		Security Co	de		
Name of cardholder:		Valid Signature:			ture:				
	Please note that only reservations with above information will be considered								