|  |  |
| --- | --- |
| **INA January 2015**Lisboa | January 12th – 17th 2015 |  |

Please return the complete form to the hotel until **December 12th 2014.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Last name: |  |
| Company: |  | Country: |  |
| Telephone: |  | Fax: |  |
| Email: |  |  |  |
|  |  |
| Arrival Date |  |  Arrival Time |  |
| Departure Date |  |  |  |

**ACCOMODATION NOVOTEL LISBOA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  **Room type** |  | **Rate** |  | Nº of rooms |  | Remarks |
| Single ---------------------------- |  | 69,00€ |  |  |  |  |
| Double -------------------------- |  | 74,00€ |  |  |  |  |

Check in time after 02 pm of arrival date

## Prices per room / per night with buffet breakfast included. All rates have VAT included.

## RESERVATION GUARANTEE

Credit card

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Visa |  |  | American Express |  |  | MasterCard |  |  | Euro Card |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number |  |  | Expiration date |  |
| Signature |  |  |  |  |

After **December 12th 2014** your reservation will be subject to hotel availability and rate.

## Cancellation policy

## I agree that in case of no cancellation or absence the 1st night booked will be charged in my credit card.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name & Signature |  |  | Date |  |

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**Please send back the form to:**

**Cristina Domingues**
**Sales Coordinator - Novotel Lisboa\*\*\*\***

**E-mail:** **h0784-sb1@accor.com** **| Fax: +351217244801**