

## Please return the completed and signed form to: Quality Inn - Porto - Praça da Batalha

anas@grupo-continental.com

Tel. 00351 223392300 - Fax. 00351 222006009

HOTEL BOOKING FORM									
ICEE - 3rd International Conference on Energy & Environment - 29 to 30 June 2017									
Contact Details ( Please complete in CAPITAL leters)									
Company nam	e:								
Adress:									
Postal Code		City			Country				
VAT Number									
Guest Name (	first name, su	rname):							
e-mail									
Phone			Mobile			Fax			
HOTEL CONDITIONS									
Please select your room option.									
Please indicate number of rooms									
Standard Twin Room TWN <b>80,00 €</b>									
Standard Double room SGL <b>75,00 €</b> DBL <b>80,00 €</b>									
Arrival date			Departi	ure Date					
* ^		inaliala Duani	foot bffot o	d all lacal taxon					
* 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.  Hotel will verify ( i.e pre-authorize) your credit card. Payment could be made on check-in or prior to arrival (in this case we need copy of the credit card) when terms and conditions are applied.  Changes and cancelations: must be communicated to hotel via e-mail or fax with confirm. number Penalties may be apply. Telephone cancellations are not accepted as valid.									
Hotel terms and conditions									
Room can be o	Room can be cancel without penalty up to 20 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.									
The full length of stuy.									
		Acc. Nr NIB 0046 0392 00600021			0060002145	4.79			
HOTEL BANK		IBAN		PT 500046 0392 00600021454.79					
TRANSFER	PURPOSES	SWIFT ADRESS		CRBNPTPL					
5.11									
CREDIT CARD DETAILS									
I,						hereby authorize hotel			
Quality Inn Porto to charge my credit card in the ar				mount of €			- €		
C.C Type	Visa		AMEX		Mastercard		Diners		
C.C Number				Exp. Date		Security Co	de		
Name of cardholder:		Valid S			ature:				
Please note that only reservations with above information will be considered									