



**Holiday Inn Lisboa**

Avenida António José de Almeida, 28-A

1000-044 Lisboa

[www.holiday-inn.com/lisbonprt](http://www.holiday-inn.com/lisbonprt)

**BOOKING FORM**

PLEASE FILL AND ADDRESS TO:

**SALES CENTRE**

FAX: +351.21.7962130 TELEF: +351.21.0046046

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**SUBJECT: "AACD 2014" – 8<sup>th</sup> to 10<sup>th</sup> April 2014"**

**GUEST NAME:** \_\_\_\_\_

**MY FAX NUMBER:** \_\_\_\_\_

**MY TEL. NUMBER:** \_\_\_\_\_

**MY E-MAIL ADDRESS:** \_\_\_\_\_

Dear Sirs,

I would like to confirm \_\_\_\_ Single \_\_\_\_ Double room at **HOLIDAY INN LISBOA.**

Arrival \_\_\_\_/\_\_\_\_/\_\_\_\_

Departure \_\_\_\_/\_\_\_\_/\_\_\_\_

- **SINGLE: 64 €**
- **DOUBLE: 69 €**

*Rates per room, per night, include American Buffet Breakfast, all taxes and service.*

**CREDIT CARD DETAILS:**

AMEX  Dinners  Maestro  Master Card  Visa  Other \_\_\_\_\_

Credit Card holder's name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CCVC Code: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_  
(same signature as stated on credit card)

Address of the Credit Card Holder: \_\_\_\_\_

**Remarks:**

- ✓ **Dead line for reservation - 21<sup>rd</sup> February 2014**
- ✓ **Cancellations – Until 72 hours prior to arrival – cancellations after this date, the hotel will charge full stay on credit card informed.**
- ✓ **In case of "No show" Hotel will charge the total stay on the credit card informed.**