

PLEASE RETURN THIS REGISTRATION FORM DIRECTLY TO THE HOTEL UNTIL 17.07.2017

E-mail: msferreira@portopalaciohotel.pt

Fax number : 00.351.226.006.397

Att. Marta Soares Ferreira

GRP MNE 2017
Porto Palácio Congress Hotel & SPA - PORTO, PORTUGAL
17th to 21st of September 2017

Mr. Mrs. Miss

Last Name : First Name :

Second Guest Name (if applied):

Arrival Date: Departure Date:

Arrival Time: Flight Number: Departure Time: Flight Number:

Fax nº: Telf nº: E-mail:

<u>Executive Room</u>	<u>Deluxe Room</u>
<input type="checkbox"/> Single - 170,00 €	<input type="checkbox"/> Single - 200,00 €
<input type="checkbox"/> Double - 185,00 €	<input type="checkbox"/> Double - 215,00 €

Rates per room and per night, including the following services and benefits free of charge:

- American Buffet Breakfast in Restaurant;
- Wireless Internet Connection (Wi-Fi) in every Room and common areas;
- Unlimited usage during 1h30 of the following Health Club services: Swimming Pool, Sauna, Turkish Bath, Jacuzzi and Gymnasium;
- Taxes & Service;
- **Check-In:** from 3.00 pm / **Check Out:** until 12h00

Directly payment by the Guest to the Hotel at the check-out

All reservations must be guaranteed with a valid credit card.

Credit Card details:

- Visa Mastercard Diners Club
 Eurocard American Express

Credit Card holder:

Credit Card Nr : Expiry Date/...../.....

Bank Details for Bank transfers:

BPI – Banco Português de Investimento, Avenida da Boavista, 1103 – 4100-129 Porto – Portugal

Account Number: 9-3902887-000-001

NIB: 001000003902887000144

SWIFT: BBPIPTPL

IBAN: PT 50001000003902887000144

Terms of Cancellations and No Shows:

Cancellations without penalty: until 31/07/2017

Cancellations between 01/08/2017 until 31/08/2017: Payment of the first night.

Cancellations after 01/09/2017: Full Payment

No Shows: Full Payment

Early Departure / Late Arrival: Full Payment

To Help us with the burocratic procedures at the check in, please send us all your Passport / ID details.

Nationality:..... **Birth Place:**..... **Date of Birth:**...../...../.....

Passport/ID number:..... **Country Issue:**..... **Expiry Date:**...../...../.....

Date :/...../.....

Signature :



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