

PLEASE RETURN THIS REGISTRATION FORM DIRECTLY TO THE HOTEL

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Att. Marta Soares Ferreira

FEPE CONGRESS
Accommodation at Porto Palácio Congress Hotel & SPA - PORTO, PORTUGAL
(subjected to the hotel availability)
3rd to 6th of October 2019

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:

Executive Room (standard room)	Deluxe Room (superior room)
<input type="checkbox"/> Single - 130,00 €	<input type="checkbox"/> Single - 160,00 €
<input type="checkbox"/> Double - 145,00 €	<input type="checkbox"/> Double - 175,00 €

*Rates are per room, per night and includes the following services and benefits free of charge:

- American Buffet Breakfast
- 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;
- Tax (6%)
- **Check-In:** from 15h00 pm / **Check Out:** until 12h00

ADDITIONAL NOTES/ COSTS:

- **City Tax:** From the 1st of March 2018, a city tax of 2,00 € (Euros) per person per night, not included in the total amount of the rate, will be charged and must be paid on site. This tax will be charged to all the guests from the age of 14 years old and it will be applied to bookings/ reservations up to a maximum of 07 consecutive nights.
- **Early Check-in/ Late Check-out supplement (subjected to our availability)** = cost of 100% of the presented room rate, per room

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

We can only guarantee reservations with a valid credit card information:

Credit Card details:

- Visa Mastercard Diners Club
 Eurocard American Express

Credit Card holder:

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

Terms of Cancellations and No Shows:

Cancellation without penalty: Until 06:00pm of the preceding day of arrival

Cancellations after 7:00pm of the preceding day of arrival: Full Payment

No Shows: Full Payment

Early Departure / Late Arrival: Full Payment

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

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

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

Signature :