			Please return the completed and signed form to:						
			Quality Inn - Porto - Praça da Batalha						
	v	anas@grupo-continental.com							
COALIII INN			Tel. 00351 223392300 - Fax. 00351 222006009						
BY CHOICE HOTELS HOTEL BOOKING FORM									
INHWE - Scientific Congress in Porto from 27 to 29 June 2017									
Contact Details ( Please complete in CAPITAL leters)									
Company nam	e:								
Adress:					<b>a</b> .				
Postal Code	City				Country				
VAT Number	first source of								
Guest Name (	first name, su	rname):							
e-mail			Mobile			Fax			
Phone			-			FdX			
HOTEL CONDITIONS									
Please select your room option.									
Please indicate number of rooms   Standard Twin Room   TWN   80.00 €								1	
			75 00 6		TWN	80,00 €			
Standard Doub	ble room	SGL	75,00€		DBL	80,00€		l.	
Arrival date			Donart	ure Date					
Annvaruate			Depart	ule Date					
* 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 c		20 days prior arrival date.							
No show Rooms: After 20 days releases all cancel reservations, late arrivals or early check-outs are									
consider no-sh	now rooms. Al	l no-show ro	oms will be	e charged to		<b>100%</b>	The full len	gth of stay.	
		I						I	
HOTEL BANK		Acc. Nr N	NIB		0046 0392 00600021454.79				
TRANSFER		IBAN		PT 500046 0392 00600021454.79					
		SWIFT ADR	ESS	CRBNPTPL					
CREDIT CARD DETAILS									
I, Quality Inn Porto to charge my credit card in the amount of €						her	eby authori	ze hotel	
	Ū.	ny credit ca	r	nount of €	Mactoreau		- €		
C.C Type C.C Number	Visa		AMEX	Evp. Date	Mastercard	Socurity Co	Diners		
c.c.Number				Exp. Date		Security Co	ue		
Name of card	Valid Signa	ture:							
Please note that only reservations with above information will be considered									
neuse note that only reservations with above injointation will be considered									