

HOTEL RESERVATION FORM FOR:

GROUP: ACCOMODATION DAT (Upon availability, 3 days	PlanNet Marketing, Inc. (E TES: 7 to 10 th July 2016 s pre stay and 3 days post stays rat	,
Name: _ Address: _		
E-mail _		
Telephone _		Fax:
Credit Card Number: _		Exp:
Security Number: _		
Arrival Time:	/	Flight Detail:
Please indicate desired a		
□ SINGLE □ DOU	includes: American Buffet Breakfa JBLE	
 Reservations are requavailability. On the cut-off date, refundable. After this departures. 	a deposit for the entire stay w date, the Hotel will not accept 00 PM; Check-out time is 12:00 I	aros. ane 2016. After this date rooms are subject to rill be charged to your credit card and is non-tany Cancellation & No-shows/or anticipated Noon. Any room vacated after this time will be
		o charge the above credit card as payment under the credit card and ID document).
Card Holder Signature		Date:
	, 88 - 1099-039 Lisbon - PORTUG <i>a</i> acsimile: (351) 21 384 3034 - email	AL to: marta.azevedo@fourseasons.com