

Accommodation Booking Form “WPMC 2019- 24 at 27 November”

Please fill in this form and return it to the hotel until the 30th October 2019 by mail:
res.zurique@viphotels.com to Ms. Therezinha Figueiredo or Soraia Nunes

Guest Information:

Prefix (Prof/ Dr/ Mr/ Mrs/ Ms) _____ Last Name _____ First Name _____
 Country _____ Tel. _____ Fax _____ Mobile _____
 Email _____

Reservation Details*:

Arrival Date: ___/___/___ Departure Date: ___/___/___ N° Nights: ___

Type of Room*: Single (1 person)
 Double/Twin (2 people)

Prices:

Room with breakfast:
 € 68,00 single/night or €78,00double/night

Special Requirements: _____

Credit Card Details:

| | | | | | | |
|--|-----------------------------------|----|------|-----------|------------|--------------|
| Name as it appears on the credit card: | | | | | | |
| Card type: | Visa | MC | Amex | Diners/CB | Discover | JCB |
| Account type: | Individual (personal credit card) | | | | | |
| ____/____/____ | Corporate Company Name: | | | | | |
| Card number: | | | | | Exp. Date: | |
| Cardholder's Signature: | | | | | | Security nrº |

***Payment and cancellation policy:**

1. First night will be pre-paid and charged on the credit card given by the guest, and is not refundable in case of later cancellation or no-show.
2. In case of now-show, the Hotel will automatically cancel the remaining nights reserved, unless client informs the Hotel of his arrival
3. Remaining nights will be paid on spot, upon check in.

Date ___/___/___

Signature _____